CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON HOSPITALS

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HELD AT: Remote Hearing

B E F O R E: MARK LEVINE
Chairperson

CARLINA RIVERA
Chairperson

COUNCIL MEMBERS:
Diana Ayala
Francisco Moya
Antonio Reynoso
Mathieu Eugene
Alan N. Maisel
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A P P E A R A N C E S (CONTINUED)

Dr. Mitch Katz, President and CEO
New York City Health and Hospitals

Demetre Daskalakis, Deputy Commissioner
New York City Department of Health and Mental Hygiene

Dr. Ted Long, Vice President of Ambulatory Care
New York City Health and Hospitals

Jackie Bray, Deputy Executive Director
Track and Trace Corps.

Dr. Jay Varma, Senior Advisor of Public Health to the Mayor

Henry Garrido
New York City Resident

Charles King, Representative
Housing Work

Betsy Morales Reid, Senior Director
Health Initiatives for the Hispanic Federation

Albert Fox Cahn, Executive Director of
Surveillance Technology Oversight Project
Urban Justice Center

Hallie Yee, Policy Coordinator
Coalition for Asian American Children and Families

Max Hadler, Director of Health Policy
New York Immigration Coalition

Christ Norwood, Executive Director
Help People

Kaushal Challa, CEO
Charles B. Wong community Health Center

Arlene Cruz
Make the Road New York

Anthony Feliciano, Director
Commission of the Public Health System

Mark Harrington
Treatment Action Group

Guillermo Chacon
Latino Commission on AIDS

Kelly Grace Price
Close Rosie’s

Kim Watkins
New York City Resident

SERGEANT-AT-ARMS: With the Committee on Hospitals. Would all Council members and Council staff please turn your video on to at this time? Please place all cell phones and electronic devices to vibrate. You may submit you testimonies to testimony@council.nyc.gov. I repeat. That's council testimony@council.nyc.gov. Thank you.

UNIDENTIFIED: Chairman, you are unmute.

[background comments]

CHAIRPERSON LEVINE: Very well. Take two. Good morning everyone. We are going to gavel in.

[gavel]

CHAIRPERSON LEVINE: and I want to thank you all for joining us at this virtual joint hearing. Thank you all for being here. I want to first thank my co-chair, Council member Carlina Rivera, as well as Speaker Corey Johnson who is joining us today. And I would like to turn it over to our Speaker for opening remarks.

SPEAKER JOHNSON: Thanks, Mark. Good morning, everyone. I am Council member Corey

Johnson, the Speaker of the New York City Council and I would like to start off by thanking my colleagues, Council member Levine and Rivera, for holding this joint hearing. Today, we will discuss the city's plan for COVID-19 testing and contact tracing. We expect to hear from New York City Health and Hospitals, the Department of Health and Mental Hygiene, and members of the public. I am glad the administration is here today and I want to thank them for their work during these immensely challenging times for our city. Since the novel coronavirus first emerged in last 2019, it has spread rapidly around the world. Extreme preventative measures, such as social distancing, put in place in early March, may have helped stem infections. Hospital capacity has stabilized, but the city has taken a beating and, on May 4th, Governor Cuomo announced a phased, regionally based reopening plan for the state set to being today. Contact tracing plays a very big role in this plan. There are numerous considerations and steps needed to ensure our contact tracing program is successful. For example, there needs to be support provided to those who will need to isolate, including resources and wrap-around services

as needed, there needs to wide scale and accessible testing, a robust and culturally representative and inclusive test and trace staff, and clear communication with the public, including those who do not speak English as their primary language. The communities hit the hardest by this pandemic, which data indicates is black and Latin X New Yorkers, must be involved in the test and trace efforts. We also know that individuals who are undocumented, disable, experiencing homelessness, and those who are incarcerated, have been greatly impacted, as has the Orthodox Jewish community. This program should help to continue to examine and address equity concerns related to the pandemic. Going into this, we know that a test and trace program is complex, multi-faceted, and crucial to the reopening of the city. We also know that, for many, many years, contact tracing has been performed successfully by experts within the comp department of Health and Mental Hygiene. Lastly, Mayor de Blasio announced the formation of the New York City Test and Trace Corps which is to be housed and run under Health and Hospitals. While DOHMH will be involved in the core, it is unclear why it was decided that Health and

Hospitals should lead such an immense effort. What is clear is the serious dysfunction playing out behind the scenes at a time when New Yorkers desperately need to have confidence in their seeming government. That confidence has been eroded daily by leaks and agency versus agency in fighting. The future of our city, literally, hanging in the balance. Enough is enough. New Yorkers deserve better. Today, we will seek a more thorough public explanation as to why the Department of Health and Mental Hygiene is no longer the lead on work they have done for individuals diagnosed with HIV, Ebola, and other infections for decades. Contact tracing has always been a core function of the Health Department, an agency of the city Council on oversight over and it regularly oversees similar efforts to contain outbreaks of sexually-transmitted diseases, tuberculosis, and other communicable diseases. Although Health and Hospitals has been a leader, a major leader, in the fight against COVID-19-- and we are grateful for that-- contact tracing is simply something that they have not previously been responsible for. We need to know if they are up for this task and how they will accomplish it. Now

it is not the time to gamble with people's lives. Now is not the time to potentially delay a massive undertaking, one which requires on boarding thousands of people and being able to test tens of thousands of people per day. The health and economic impact of the pandemic are enormous. Our city is strong and resilient and we are all eager to return to a way of life more closely resembling the past. In order to reopen quickly, efficiently, safely, our track and trace program must be strong. I am proud of the work that we have done so far and I look forward to discussing the city's preparedness in greater detail today. I want to thank you all for attending and I will now turn it back over to the Council member Levine, the Chair on the Council's Committee on Health.

CHAIRPERSON LEVINE: Thank you so much, Mr. Speaker. Good morning, again, everyone. I am Council member Mark Levine, Chair of the city Council's Health Committee. And, in addition to thinking you, Mr. Speaker, and, of course, our co-chair, Council member Carlina Rivera, [inaudible 00:06:58] many times over. I know how painful that this is for everyone who is part of this hearing

today. And so, as we move forward, nothing matters more than minimizing further loss of life. That is what is at stake with the contact tracing program we are discussing today. As our city undertakes what is arguably the biggest and most complicated effort so far in our battle against this horrible pandemic. It's not an exaggeration to say that if we don't get this right, if we don't get testing, tracing, and isolating right, there is no reopening of our economies safely. Period. So all of us need to be obsessed with getting this right. The good news is that we have the greatest Health Department in the nation. A department with vast experience in exactly this kind of work. When graduate programs and public health around the nation study contact tracing, they study the exemplary work of the New York City health Department. Our health department is successful in pioneering work with contact tracing as a tool to battle HIV. Our health department built a large and successful system for contact tracing in the TB outbreaks of the 90s and beyond. Etcetera. Etcetera. And contrary to what you might think, these tracing programs were not small. In the 2014 Ebola outbreak, we had to trace thousands of

travelers from affected areas of Africa. These successful contact tracing systems are still in place in our health department. Some of the same innovative leaders who built these programs are still in our health department. So, you might think that, as we confront the coronavirus pandemic, contact tracing would be led by the agencies whose core mission as defined in the New York City charter is, quote, the control of communicable and chronic diseases and conditions hazardous to life and health, unquote. You might think that we would do what every other jurisdiction in America is doing. That we would have our health department run contact tracing for COVID-19. As you all know, this is not the case. We are, in fact, rebuilding these systems in another agency. And to anyone who says that we had to take this vital program out of the health department so the contact tracers could be union jobs, that is not true. These could have and should have been union jobs at the health department. To anyone who says we needed to take this program out of the health department for ease of contracting, well, we are under a state of emergency declaration now, which greatly uses contracting at DOHMH and all agencies.

Now, please, don't mistake my comments as a critique of H&H. I hold public hospitals in enormously high esteem. I know well and have worked closely with both Dr. Mitch Katz and Dr. Ted Long and have enormous respect for their abilities and accomplishments. My concern, rather, arises out of our failures to capitalize on the strength of DOHMH. One such strength is their ability to gather and publicize data in a way that serves the public while respecting privacy. To ensure we get that right, we will be hearing today and import bill. A pre-considered introduction by Council member Ritchie Torres which would require daily reporting on details of the contact tracing program including the number of employees of such program and language spoken, as well as the number of individuals identified and interviewed for the purposes of this program disaggregated by their race, gender, and age of the individual. Such information is critical in our fight against the pandemic that has been defined by profound racial inequality. That is why one of the key questions we need to address today is the extent to which community organizations on the ground in the most impacted communities have been given a formal

role in this program. Contact tracing will be complicated to explain to New Yorkers. There will be a norm is concerned about privacy, about the challenges of quarantine, about enforcement. We need to have public trust and confidence in our contact tracing program. We need there to be full transparency. That is why we are holding this hearing today and I very much look forward to a robust discussion with the administration and to include in the voice is of advocates, experts, and members of the public. Thank you all for being part of this. And now I would like to pass it off to the Council member Rivera for opening statements.

CHAIRPERSON RIVERA: Good morning, everyone. I am Council member Carlina Rivera, chair of the Committee on Hospitals. I would like to start off by thanking my colleagues, Speaker Johnson and Council member Levine for chairing this hearing with me today. As Baker and Council member Levine discussed, we will be examining the city's plan for COVID-19 testing and contact tracing. As the Speaker and Council member Levine, our public hospital system, H&H, will be leading this massive and crucial effort. H&H hospitals bore the brunt of the COVID-19

onslaught during one of the bleakest periods in our cities history and the efforts of H&H staff, doctors, nurses, technicians, custodial staff, administrative staff, all staff, were nothing short of heroic. Thank you. In my nearly two and a half years as Chair of the Council's Committee on Hospitals, I have seen them many challenges that our public hospital system faces. Some which they have overcome and some then they are still working to address. But I've always been proud and confident of everyone working at H&H where no one seeking care is ever turned away regardless of their insurance status or ability to pay for medical services. And during the pandemic, I have gotten to know many of the team members at DOHMH and, while I certainly had questions and concerns with some of their decisions, I never questioned their belief and working to address this crisis as best they can. Today, though, I am disappointed. I am disappointed there are two health-related agencies have had their fighting exposed in the New York Times, Politico, and other media outlets. I'm disappointed that the de Blasio administration decided that the middle of the pandemic was the best time to institute a bureaucratic reshuffling that

potentially creates new and unnecessary obstacles for the critical, complicated, and sensitive work of contact tracing. I know Dr. Barbot, who is not here today, and Dr. Katz would rather focus on the mission at hand, curbing the COVID-19 pandemic. So, while we must address these concerns today, I also hope we can focus on today's hearing topic. Contact tracing. Let's focus on the policy. It is precisely because providing quality medical care is at the core of H&H's mission that I have such concerns about H&H leaving the city's massive, complex, and crucial contact tracing program. I have great faith in Dr. Long, thin essential in helping H&H navigate this crisis, but how will this added responsibility impact our hospitals which was nearly straying to the breaking point just weeks ago? Who will take over the work Dr. Long and others at H&H have been focusing on to ensure H&H remains ready to provide the vital health care that so many New Yorkers depend on? And how will H&H, for the first time, handle running a program that, for over a century, has been in the hands of DOHMH? Numerous public health experts have raised these concerns in the past few weeks and New Yorkers deserve as Sharon says that

their hospitals will continue to be there for them as we began reopening the economy. And especially if, God forbid, another way of infections is unleashed on the city. I hope we will hear these answers and more today and I hope that, if after these policies are seriously examined, the de Blasio administration will commit to making the right decision about who leads the contract tracing program regardless of the political consequences. Thank you all for attending today. I would like to now acknowledge our colleagues who have joined us today. Council members Powers, Holden, Reynoso, Cohen, Maisel, Eugene, Ampry-Samuel, Lander, Moya, Rosenthal, Barron, and Yeger. Before we begin hearing testimony, our committee counsel will go over some procedural items.

COMMITTEE COUNSEL: Thank you, Chair Rivera. I am Sara Liss, committee counsel in the legislative division of the New York City Council. Before we begin testimony, I want to remind everyone that you will be on mute until you are called on to testify. After you are called on, you will be un-muted by the host. If, at any time, you place yourself back on mute, you will need to be un-muted again by the host. Please listen for your name to be

called. I will also be periodically announcing to the next panelist will be. We will first hear from members of the administration, Dr. Mitch Katz, president and CEO of New York City Health and Hospitals, Dr. Ted Long, executive director of the Test and Trace Corps, Jackie Bray, deputy executive director of the corps, Dr. Andrew Wollack, chief medical officer of the core, Dr. Jay Varma, Senior advisor for public health to the Mayor, and Dr. Demetre Daskalakis, advisor DOHMH, deputy commissioner for disease control. I will first administer the oath and, after, I will call on each panelist separately from the administration to respond to the oath. Chair Levine will then cue you when it is your turn to testify. I would like to remind everyone that, unlike our typical Council hearings, we will be calling individuals one by one to testify. Council members who have questions for a particular panelist sure to use the array's hand function in Zoom. You will be called on after the panelists have completed their testimony. We will be limiting Council member questions to five minutes. And this includes both questions and answers. Please note that, for the purposes of this virtual hearing,

we will not be allowing the second round of questioning. Thank you. After administer the oath to all members of the administration that will be testifying or answering questions, Chair Levine will cue Dr. Mitch Katz to testify. I will now administer the oath. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee and to respond honestly to Council member questions? Dr. Katz?

DR. KATZ: Yes.

COMMITTEE COUNSEL: Dr. Long?

DR. LONG: Yes.

COMMITTEE COUNSEL: Deputy Executive Director Bray?

DEPUTY EXECUTIVE DIRECTOR BRAY: Yes.

COMMITTEE COUNSEL: Dr. Wallock?

DR. WALLOCK: Yes.

COMMITTEE COUNSEL: Dr. Varma?

DR. VARMA: Yes. I do.

COMMITTEE COUNSEL: And Dr. Daskalakis?

DR. DASKALAKIS: Yes. I do.

COMMITTEE COUNSEL: Thank you all. I will now turn it back to Chair Levine.

CHAIRPERSON LEVINE: Thank you very much, Sara, and now, Dr. Katz, you can begin your testimony as soon as you are ready.

DR. KATZ: Thank you so much and I want to say good morning to the Speaker and to Chairwoman Rivera and to Chairperson Levine. And thank you for holding this hearing. Thank you for inviting us. I am Dr. Mitch Katz. I am the president and CEO of New York City Health and Hospitals. I want to introduce you to our great team that are doing the Testing and Contact Tracing Core. With me today is Dr. Ted Long, who is the executive director of testing and tracing. Jackie Bray, the deputy executive director, Dr. Andrew Wallock, the chief medical officer. Dr. Jay Varma is the Mayor's senior advisor for public health, but also was previously the deputy commissioner of DOHMH, and Dr. Demetre Daskalakis, who is currently the deputy commissioner for disease control and DOHMH. Also, part of our team is Dr. Neil Vora, who is from the Department of Health and Mental Hygiene. He is going to be the director of tracing. And Dr. Amanda Johnson, the director of isolation. So, I hope that you can see that the team that is going to be doing this function for the city

is an integrated team of both Health and Hospitals and DOHMH and the Mayor's Office working together with our common goal, which has been stated while by the Chairs that we want to get New York City reopened in a way that is safe and we want to do it in a culturally competent way. When the Mayor announced the creation of the Test and Tracing Corps, the vision that underlies that-- and I think this is so important and about understanding where we are-- is that there are three pillars. Contact tracing well not work. In fact, I cannot even be begun without testing. And once we have done contact tracing and people need to be isolated or corn teamed, it will only work if there is a safe place for people to go. Many people in our city cannot quarantine or isolate in their homes. They are living in cramped, multi-generational family homes where there is a risk to other people. So, I think that the vision of having this as an organized project, collaboratively done by Health and Hospitals and DOHMH makes much more sense when you think about it as three pillars. I think there would be tremendous harm to think that contact tracing done and isolation from the ability to do the testing and the ability to isolate people could be

nearly as effective. In terms of those functions, I am very proud of how well Health and Hospitals has done on testing. We have currently stood up 23 different testing sites and were most affected neighborhood. We are currently doing 14,000 tests per day. That is not me miss reading the 14,000 tests per day. And our aim is to get up to 50,000 tests per day. We have also already organized hotels where people can be isolated or quarantined. And, from our experience early on in COVID-- and just as my experience as a primary care doctor, one of the important lessons is that the reason you may be isolating or quarantines earrings Psalm one is because of COVID. That doesn't change the fact that they have diabetes or hypertension or severe asthma. You can actually isolate and quarantine people went about their medicines, without the ability to be able to quickly hospitalize them if they require hospitalization. So, our vision, and the vision that underlies this program is the idea that these three pillars would happen smoothly in an integrated fashion. It, in no way, it takes away from the tremendous expertise and experience of DOHMH doing contact tracing. Dr. Demetre Daskalakis has already

identified 40 supervisors who work for DOHMH who will be not only involved in the training, but and assignments and doing the difficult work that is required when people are not following orders or don't understand orders or need additional help to know what is the right way to handle someone. We have dealt with many difficult situations to gather in the past few months. There have been so many unknowns about this virus. I do think that the fact that Health and Hospitals is able to hire people rapidly makes a difference. I certainly understand what you are saying, Chair Levine, about appreciating the idea that they would be hired by DOHMH. I would say that that was the prior plan. That the prior plan would have had them be hired by a nongovernmental entity. I make no apologies for being a public sector person and believing in the public sector and believing that critical government role should be done by government employees. Others can differ and feel that, well, in order to have the speed and have it not be in Helping Hospitals, it would have been better to go with a nongovernmental nonprofit entity, but that would never be what I would say. I do believe in the public sector and I

think that the experience of Health and Hospitals doing this work very successfully around COVID shows the sense that this Council showed in always supporting Health and Hospitals and making sure that we are around to care for people. Also, I want to note that when people are in isolation and quarantine, we also have to not only meet their medical needs, but we have to meet their needs for food, we have to meet their needs for social services. Having Jackie Bray, who used to be the deputy director for the Department of Social Services, is a great gain for us and I think, again, these are services that we are used to providing for our patients along with the kind of remote medical care that they are going to need. I don't want to take up more of our time. I know that the Council has important questions and important recommendations and guidance you want to give us. My recommendation would be that the comments that I did were reviewed by all of our team members and that would serve as our initial statement. I am sure that you will have questions and I will answer those that I can. I will send those that pertain to other areas to one of the other panelists and or, obviously, list members of

your Council have a specific question for someone, you will tell me that you would like somebody to answer a specific question and so they will. Thank you so much for the opportunity before this Council.

SPEAKER JOHNSON: Thank you, Dr. Katz. I just want to pop right in-- and you may have addressed some of this in your opening statement, but, again, I think it is important to get these answers on the record to some other question that the Council house today. Why was Health and Hospitals, the entity that treats infectious disease, rather than DOHMH, they entertain that monitors and contains infectious disease, chosen as the lead agency for this massive initiative? Why was that decision made?

DR. KATZ: Because two of the three pillars necessary for success were already and Health and Hospitals. The testing piece was already Health and Hospitals and the hotel program that would isolate and quarantine people in their rooms was in Health and Hospitals. And so, then the third part, which we would, of course, recognize the tremendous expertise, ability, skill of DOHMH, we have. We don't have to lose that. I don't see the loss. I see, as part of our team, Dr. Daskalakis. I see Dr.

Varma, who used to be part of DOHMH. I see Dr. Vera, who is not here with us today from DOHMH. I see the 40 supervisors from DOHMH. The computer systems and the data systems remain those of DOHMH. What I feel we have to offer is the ability to rapidly hire 1000 tracers in a very short period of time and still have them be a government employee. And I think that those things together are the strongest factors to me.

SPEAKER JOHNSON: So, it was only an operational decision?

DR. KATZ: Yes.

SPEAKER JOHNSON: And H&H is not, of course, all hospitals in New York City. They don't have of those two pillars. How will you coordinate with the private hospitals?

DR. KATZ: So, you are absolutely right, Speaker. We are 11 hospitals. But all of the testing sites are now being run by-- The community testing sites are now being run by Health and Hospitals. Hospitals are, of course, doing testing themselves of their own patients, but the community sites which are in all of the ethnically diverse

neighborhoods of New York City and NYCHA sites, those are Health and Hospital testing sites. Of course--

SPEAKER JOHNSON: What--

DR. KATZ: Go ahead.

SPEAKER JOHNSON: No. Go ahead. Go ahead, Dr. Katz.

DR. KATZ: Of course, when hospitals have cases, they will get reported throughout the DOHMH system. They will get assigned to tracers and the tracers will identify those people. If some of them need to be quarantined or isolated, they will be quarantined and isolated in a DOHMH Health and Hospital hotel. If that person then needs to be hospitalized at a different hospital, because that's where they get care, that would not a problem.

SPEAKER JOHNSON: At what point was this decision made and who was ultimately responsible for making this decision?

DR. KATZ: Mayor announced the decision last Friday. Mayor is the one who is responsible for organizing the work and responding to this awful pandemic.

SPEAKER JOHNSON: Does H&H usually do contact tracing?

DR. KATZ: Well, again, you know, my view is that what I am doing is hiring 1000 people rapidly. I am doing the work that it takes to have 1000 city employees. Everybody has to have a desk or a computer or they have to be paid. They have to be logged into the system. There is a tremendous effort to do that. The ultimate supervision, the part that is what you most worry about and care and should care about, we still have all of our partners at DOHMH. I know Dr. Barbot is not here, but she has expressed to me on multiple occasions that, to her, the most important thing is getting the job done and I think we have a structure where we are not losing anything. We are maintaining all of the same expertise, but we are getting the ability to hire faster and we're connecting it more closely with the other two pillars.

SPEAKER JOHNSON: I agree. Like in City Council-- and I speak for myself. We just want to see an effective program. We want a program that works, that gives confidence to New Yorkers, and that gets the job done give how important this is. From the press reports I've read, though, it doesn't seem like this was the health department's first choice.

That, you know, they wanted to keep contact tracing in house. I don't know, again, how that decision was made with all the pieces that you just talked about, but I would hope that, of course, Dr. Barbot and anyone wants to ensure that this gets done quickly and appropriately. How do we ensure a seamless partnership between H&H and DOHMH who have experienced contract tracers already on staff?

DR. KATZ: Well, again, I think it starts by close collaboration between me and Dr. Barbot, which exists. There is close collaboration between Dr. Ted Long and Dr. Daskalakis. They have worked together and maybe this would be a good time to ask Dr. Daskalakis to talk about how, in the terms of the complications of contact tracing, how the collaboration is going to make sure that people are appropriately contacted and given the correct advice.

DR. DASKALAKIS: Thank you, Dr. Katz. So, I think you've captured really one of the main features of this pandemic response which is it is a multi-agency response and many of the task that were traditionally thought of to be Department of Health have been expanded to other agencies throughout the city. And this is an example of one of those tasks

that will be at H&H with heavy assist from Department of Health. So, as Dr. Katz said, we are working feverishly with Dr. Long in the rest of the team to really establish protocols, as well as guidance, to make sure this goes off seamlessly. But also beyond providing protocols, we are providing 40 of our best staff to make sure that, for the city, we work together very closely and in an integrated way to execute contact tracing appropriately and with a very close eye towards equity and community needs. One really important feature of this is that it seems as if we discuss it a lot as a public health intervention. So this is a public health emergency, and this is an intervention, but I think that one of the prime ways that DOHMH and Health and Hospitals will collaborate is to really look at this more as a service to the population who may need specific assistance to make sure that they can stays safe if they are living with COVID-19 or if they are potentially exposed.

SPEAKER JOHNSON: Why couldn't the Department of Health and Mental Hygiene, do this just as quickly and add in the technical support on testing and follow-up?

DR. KATZ: Well, start and then let other people talk. I think, again, that, as an agency, our ability to hire is much more rapid. I think that, as you have referred to, Speaker, and the accounts that you saw, that the alternative way to get around the challenges in hiring within a city department was to use a nongovernmental entity. But that was the proposed solution for the fact that it-- to no detriment of DOHMH-- it is challenging even under emergency orders to rapidly hire people. The emergency orders of fact contracting. They do not waive employment issues. They do not waive the city's rules about hiring and, as an ancient scene, we have the ability to hire more rapidly and I think that the alternative vision was not a vision that the thousand tracers would be government employees under DOHMH. I understand why people might have preferred that, but that was not the choice. The choice was that they were going to be government workers for Health and Hospitals, so they were going to be hired by a nongovernmental entity.

SPEAKER JOHNSON: The way in which this was rolled out, I think, has given many New Yorkers serious concern about the ability of these agencies

to be able to collaborate and work together and do this well. What assurance can you give us and the public that the sniping that we have seen, the back and forth, and the criticism won't undermine this process? How do we know that decisions made won't change as there are some other internal disagreements?

DR. KATZ: well, speaker, I think that it is great that you are holding this hearing, right? I think that it is always cathartic to, you know, see everybody even if, sadly, in times of COVID, we are seeing each other on computer screens, but we are all here, including members of DOHMH and members who were previously part of DOHMH and we are committed to the success. I would also say that I have not read any attacks on me that were by Dr. Barbot or Dr. Daskalakis, nor have I made any attacks on DOHMH that have been-- on anyone in DOHMH. So, you know, I can ignore that I have read the same things that you have read. I have seen the same things you've said. I think we can all agree that not everyone is happy about this particular structure. There is no reason to pretend that everybody is happy with that, but I do think that, at the end, one of the great things

about your having the hearing is that, what I keep hearing is that the most important thing is that this project succeed. The most important and thing is that we go forward. We get New York City's safely out of lockup. We handle this in a culturally appropriate way. We are already hiring. We are already training and we have a method of collaboration that is working.

SPEAKER JOHNSON: I agree. We wanted to succeed and, as I will always say and, anyway, it's on our chartered mandated responsibility to do rigorous oversight of city agencies as the city Council. And on a program as important as that is, that's why we are having this hearing today. Task those questions that the public may have and the public may have to understand how this is going to work and is this being done effectively and appropriately. If someone-- Dr. Katz, you can do it or someone from DOHMH or Dr. Varma or whoever wants to answer this is so, again, the public understands what are the core functions of the Department of Health and Mental Hygiene? You were a public health Commissioner in San Francisco and in Los Angeles.

DR. KATZ: I was. Well, in San Francisco I was the public health director for 13 years. In Los Angeles, I was part of the health agency that integrated public health along with health, but as separate departments. I think, Dr. Daskalakis, the most appropriate for you to answer because New York City is very lucky to have and continue to have a great public health department.

DR. DASKALAKIS: Thinking. So, I think we have a lot of core functions. I think the post import and in the central tenant is to protect and promote the health of over 1 million New Yorkers. And so that is really our mission and our really go to-- our home base core function. Our work is actually pretty diverse in terms of what we do. It involves both messaging, as well as interventions that touch multiple conditions. So, in my piece of the world, which is in disease control, most of the focus is on infectious diseases, but also very heavily on equity issues as it relates to health care access, as well as populations who are overrepresented by certain diseases and conditions. So, our work ranges from HIV, heart disease, all the

way to bioterrorism. I mean, we have a very broad range and a broad portfolio of what we do.

SPEAKER JOHNSON: [inaudible 00:40: 01] Tell me quickly, which still infectious diseases does the Department of Health work on on the regular basis?

DR. DASKALAKIS: Well, we have about 90 that are reportable, but I will focus on the ones that are-- at least the ones that have bureaus in effect. So as you are familiar with, we focus on vaccine preventable diseases, given our work during the measles outbreak. We work with HIV and that specifically is both measuring as well as interventions Lake partner notification and also return name people do care. But, like I said, along with other prevention measures. Tuberculosis. So we do have our own tuberculosis clinics and along with that, we also manage, through directives or therapy, around 50 percent of-- we actually take care of 50 percent of tuberculosis patients and monitor most of the others through directly observed therapy. And, also, are involved with case investigations there. Viral hepatitis, as well as many other communicable diseases we cover. I think you are familiar with our

work, given your great support on both HIV and STI and sexually transmitted infections. Some of the most amazing sexual health clinics in the world are under the Department of Health and have launched many, many innovative programs. Along with measuring, also work to, you know, both identify and treat these diseases, prevent them, and also, in a very sort of new strategy in the last few years under ending the epidemic, really create these to be space says that do HIV prevention. So we need to investigate diseases. We also work very diligently on policy development around that. We also do assurance of what the care horizon and prevention horizon looks like in New York City. And, really, we interact with all levels of government and all agencies around the use critical issues.

SPEAKER JOHNSON: Thank you. I have a lot of questions, but I'm not going to have a chance to ask all of them because my co-chairs need to get to their questions and we have a bunch of other councilmembers that want to ask questions. But I do want task my colleagues to give me a couple more minutes so that I can sort of provide some sort of topline questions that I think are important to get

at the outset of this hearing. The oversight hearing on New York City's preparedness for coronavirus, COVID-19 was held on this year, the Department of Health laid out the activation of the incident command system which transitioned to DOHMH employees in various roles to a position that directly responded to the pandemic. One of these is positioned filled was disease detectives. Will these positions and other yearly positions in DOHMH continue to provide services to fight COVID-19?

DR. KATZ: I'll let Dr. Daskalakis answer. But--

DR. DASKALAKIS: Great. So I think we are absolutely going to be using those disease detectives to work in the COVID-19 space. I feel like, as you've heard and maybe you will hear more, the sort of trace function of the program that will be held at H&H is only a part of it. A very important and in big part, but we will continue to do our work and go deeper into that work and congregate settings and environments where our disease detectives will be pivotal in and controlling higher risk outbreaks across the city. So, as test and treat-- or test and trace becomes more of a dominant

force in New York City, we will also then have the opportunity to focus deeper into areas where morbidity and mortality are higher.

SPEAKER JOHNSON: How well H&H and DOHMH ensure that there is a duplication in the work?

DR. KATZ: I think the most important and are the people that appear in the little squares over our head on the screen. That we've put together a team that includes both H&H and DOHMH people and, frankly, we're all working too hard, too busy and have too much to do to possibly duplicate each other's work. I think the chance of duplication is much greater for trying to do things separately and one group is trying to trace people and a different group is trying to figure out where they are going to live. I think that by being together and putting the three pillars that are interdependent together, we will decrease duplication.

SPEAKER JOHNSON: Will the incident command system continue to exist?

DR. KATZ: Yes.

SPEAKER JOHNSON: Will it still be housed in Department of Health and Mental Hygiene?

DR. KATZ: Yes.

SPEAKER JOHNSON: Can you describe the reporting structure of this contact tracing program? What will be the different components and divisions of the program? For example, is there a division of contact tracers? Is there a division of supply accrual? A division of testing? A division of wraparound services? Who will be in charge of each one of those components and divisions? Who will report to who? If you could explain that and will the results of the contact tracing be published with other indicators on a daily and weekly basis?

DR. KATZ: All right. Thank you, Speaker. I'm going to ask Dr. Ted Long, since he is the executive director of the corps, to explain the different-- who is doing what. And then maybe he or Dr. Daskalakis wants to answer the question about data.

DR. LONG: Thanks. Mr. Speaker, thank you for the opportunity to speak here today. For those that don't know me, my name is Ted Long. I am a public hospital primary care doctor and through throughout the coronavirus crisis, I have continued to see my patients to get them through that. Concurrent with that, I have spent a lot of time on

our front lines and, when we were nearing our darkest hour, when we were nearing the coronavirus peak, we were tripling the size of our ICUs, quadrupling them in some hospitals. We didn't have enough doctors. We didn't have enough nurses. We acted fast. And I am proud to be here today with you all knowing that we got through. We brought, through an effort that I lead, thousands of clinicians from across the country to Health and Hospitals with lightning speed to get our front line staff through. Our front line staff now feel that this is one of the most critical things that we did to, not only survive, but to continue to provide the highest quality care with no exception to every New Yorker throughout the crisis and we are very proud of that. And we want to apply the same principles here. So, I'll talk about the three different pillars and I will highlight how we are applying that principle with bringing people with rapid speed on the trees pillar. So, the first pillar is testing. Testing is something that we, both for this program was created, have been doing since the beginning of coronavirus. It has always been important to test people, as it changes what we do with them. We have been doing testing at our site

since FEMA deployed in March and we guided that deployment. Since then, I'm proud to say we have opened 23 testing sites and some of the most honorable communities in New York City. We have provided tens of thousands of tests to those communities through those sites with in Helping Hospitals alone. And we're coordinating with other--

SPEAKER JOHNSON: [interposing] Dr. Long, I don't say this in any way to be rude or to cut you off, there's just so many questions that I have. The questions that I've asked, I really just want to-- there's so much I want to get through. The questions I asked on the structure, on the reporting structure, on the management structure, on the divisions and components, if you could just walk us through that, that would be extraordinarily helpful

DR. LONG: Yes. Absolutely. Three divisions. First, testing lead by our chief medical officer, Dr. Andrew Wallock. Second division, trace lead by Neil Vora from the Department of Health with the 40 experts that Dr. Daskalakis described coming along with him to be our supervisors, leaders-- and leaders. Third, take care, if you will, or how can we make people successful isolating when they are

either at home or in hotels and that's lead by a primary care doctor on my team, Dr. Amanda Johnson. The under [inaudible 00:47:55] of each of those three divisions-- because there are so many things that cut across. IT cuts across, staffing, facilities, supply chain, or leveraging to the greatest extent possible everything that we are really good at here at Health and Hospitals in terms of building things that scale and doing it fast. The same thing that we have done every step of the way through coronavirus. And if I can give you one fact just to highlight this, the trace operation, with the reported structure leading up to Neil Vohra from the Department of Health, Dr. Daskalakis and I talked 10 times a day. We are in very close contact about all of this. We are a true team in this. I can't do it without him. I hope he feels the same. Because, I am going to tell you that as of today, we are currently training 1000 tracers as we speak and we have 500 that are being onboard it today. That is really fast-paced and mirrors how we brought thousands of doctors into our system almost overnight that really got our hospitals through this [inaudible 00: 48:51].

SPEAKER JOHNSON: and who reports to who? Ultimately, you are at the top of the organizational chart on Ms. and then the three heads of the divisions report to you?

DR. LONG: Correct.

SPEAKER JOHNSON: Then where do Dr. Varma, Dr. Katz, and Dr. Daskalakis fit into this? What is their role on a daily basis to understand how the expertise that these folks have in this process?

DR. KATZ: I'll take the start of it because, ultimately, the responsibility does rest with me with making sure that all the parts get done. So, Dr. Long reports to me and part of what I'm praying is the ability to hire legal IT, supply chain, all the things that Health and Hospitals has so that they bear fruit in this project. Dr. Daskalakis, of course reports to Dr. Barbot. Dr. Barbot is my colleague. And we are, you know, involved daily in talking about these issues and making--

SPEAKER JOHNSON: [interposing] And Dr. Varma?

DR. KATZ: Dr. Varma, as you know, used to be a DOHMH, now working with the mayor's office,

can access to the mayor's office, which has had a huge role in the lot of the operational issues underlying COVID such as making sure we have enough free agents, making sure we have enough PPE. Making sure that we have the right partners to contract with.

SPEAKER JOHNSON: And is there an organizational chart that exists on paper that could be shared with the city Council so that we can--

DR. KATZ: [interposing] Absolutely.

SPEAKER JOHNSON: Okay. Great. So we look forward to getting that. I want to move on. I did Inc. at an answer, Dr. Katz or Dr. Long, on will the results of contact tracing the published with other indicators on a daily or weekly basis?

DR. KATZ: Dr. long? Dr. Daskalakis, do you tell me what you have imagined in your planning together.

DR. LONG: All-Star and then alternate to Dr. Daskalakis. Mr. Speaker, we are all for transparency. So, whatever is within operational reason, we are very happy to provide on whatever basis would be most helpful to you. Some things that we track closely, too, in case there helpful to you

also are, as we are able to hire people, and as we are able to build up that workforce and then, not yet because we don't have the workforce yet, but soon, as we are actually conducting the contact tracing and the testing itself, those are the key indicators for us.

SPEAKER JOHNSON: Then it's not really about giving information to me. I mean, information for the public. For New Yorkers, how are we going to figure out how to communicate these numbers in a transparent way so New Yorkers understand what is going on? Well you all have the ability to do that on a daily or weekly basis? What is reasonable? Can New Yorkers fan the press expect OR going to be reporting on this?

DR. KATZ: I think, certainly, on a weekly basis, absolutely. You know, I mean, I think they are-- I mean, we are actually do-- for example, do on a daily basis, how many tests we have.

SPEAKER JOHNSON: And how could we ensure timely and accurate reporting from both public and private laboratories, as well as medical providers that they are reporting these things in a timely and

accurate way to the health staff at the Track and Trace Corps that we are talking about?

DR. KATZ: Well, COVID is a reportable disease. Dr. Daskalakis and DOHMH receives the report through the state system. We also report on the percentage of positive test every day. I believe, Dr. Daskalakis, there is a two day delay on when you have accurate information. Is that correct?

DR. DASKALAKIS: Thinking. It's actually not a delay of all of the testing, but the tests become more complete. So, the majority of lab results do, and in a very timely way, but there are some places that lag a bit behind. And I think, as Dr. Katz said, these cases will come in through lab reporting and may well be assigned to tracers based on the information that is found from lab reporting.

SPEAKER JOHNSON: And what would be the status of a DOHMH staff assigned to this program day-to-day? Well that DOHMH staff that is assigned to this program still report to DOHMH or will they report to H&H?

DR. KATZ: For the sake of the project and getting the work done, their work product will be H&H collaborative project. That their supervisor

does not change. Their employment status does not change.

SPEAKER JOHNSON: What is the status of the city's ability to use hotel rooms for persons who cannot safely isolate at home?

DR. KATZ: So we have stood up several hotels. We have our community care staff on each floor with monitoring kids, ability to provide nursing services, ability to provide food services. We will grow the hotel rooms as large as it needs to be to meet the need.

SPEAKER JOHNSON: How many current hotel rooms do we have on this?

DR. KATZ: Dr. Long, do you know the number?

DR. LONG: Yes. So, we currently have access to over 1000 hotel rooms today, but we are ramping up to be able to give New Yorkers 1200 rooms as they need for isolation on June 1st. And, if I could add just one point here. From day one, we have been at the front in building out the hotel rooms. Not because we have had to, but because we felt that this is the right thing to do. So, we have an

advanced model that were proud of and we take good care of people in our hotels.

SPEAKER JOHNSON: But 1200 seems very low. I mean, with a city that has 110,000 hotel rooms, that seems like an incredibly low number at this point to project towards June. I would think that you were going to tell me that, you know, we're going to have, by June, 10 or 15,000 hotel rooms available for people who need to isolate outside of their homes.

DR. KATZ: Speaker, I think what we are imagining is that, I mean, June is 15 days away. That we want and have-- We wouldn't exceed 1200 people needing to be isolated and quarantined then. We need to, as you say, there is a huge ability to acquire additional hotel rooms as we need it. They are, sadly, because of the loss of tourism, those rooms are available. We will scale to whatever size we need. Some proportion of people will want to isolate or quarantines in their home. And, assuming that that can be done because they have a separate space, that will be a good thing. Some people, obviously, will not be able to do that and they will

need-- Let me ask Jackie Bray, who is leading this pillar, if she has additional things she can tell us.

JACKIE BRAY: Yeah. Sure. Of course. So, I would just ask that, as of today, and a doctor across the city can refer someone to our hotels. And so, you age, we will have sufficient hotel space to isolate anyone whose doctor believes they need to isolate outside the home. And that starts today. And so, if we need more than 1200 by June 1, we will have more than 1200 by June 1. But really we think about the hotels as unlimited and it's really just about how many people need it and, honestly, take us up on the offer. We are not at the point where we are going to force some into a hotel. They're going to opt in for themselves.

SPEAKER JOHNSON: Okay. So, thank you. So, look, Mitch. I want to talk just for a second about the totally appalling and unacceptable racial disparities that we've seen on the number of people that have died, but how it relates to testing. There was a delay in setting up appropriate testing in those communities across New York City and how do we ensure that the tracking and tracing won't fall victim to the racial disparities that we have seen?

So, we want communities of color to get the appropriate testing that have steamed the disproportional impact. And we want them to be confident that this contact tracing initiative is not going to leave them behind in any way as many of them feel like they have been left behind at many other points in this crisis. Can you talk about the racial disparities and how you are thinking about that as it relates to this program?

DR. KATZ: Well, Speaker, you have pointed it out so well. I mean, it's horrifying both in terms of who got COVID and who did poorly medically when they had COVID. I think that is a tragedy for all of us. We, in terms of how to use the testing on tracing function to try to prevent that, we have put the testing centers in the places that we believe are most accessible to the black and brown people, to low income people. They exist at NYCHA housing centers. They exist at Health and Hospital community clinics and hospitals which are typically in the places people know they can go without being charged. Where they know they can go without people hassling them about their immigration status. Right. The trusted places. We would be

happy to share the list of the 23 testing sites. We are hoping to open more testing sites. We are prepared to put it, if anyone looks at the map and feels that we have missed areas, we want to do more. We deliberately have a large number also for the public health reasons that we don't want people traveling long distances in order to get testing because we see that as a potential exposure. So we will share the exact map of the 23 places and any proposed places. And as members of your Council have other ideas about where they think it should be done, we will do it. I do think Helping Hospitals, in terms of cultural competency, as well as the Department of Health and Mental Health has great-- mental hygiene, has great background in cultural competency and being sure that, when we are reaching out to people, we are doing so in a culturally competent way with the appropriate linguistic support which will be provided by our translation lines.

SPEAKER JOHNSON: One of the concerns I have is, under the rules of the city of New York, data provided to the Department of Health and Mental Hygiene-- and I believe only data provided to the Department of Mental Hygiene, as part of a contact

tracing program-- have extraordinarily strong privacy protections. If H&H is administering a contact tracing program instead of DOHMH, what law or laws protect the privacy of personal health information given by New Yorkers to contact tracer? How can people trust that their personal health information is actually going to be protected by Health and Hospitals or by this new structure that was set up?

DR. KATZ: Mr. Speaker, we have talked to the city lawyers. We have talked to the Health and Hospital lawyers to be sure that we can offer the same high level security through this program that would be true if the tracing function were housed in DOHMH. So the lawyers--

SPEAKER JOHNSON: [interposing] People have the same privacy?

DR. KATZ: Same. Same. Dreaming, we as Health and Hospitals are used to holding the most confidential information about people's lives. I mean, confidentiality is part of the DNA of both of these departments.

SPEAKER JOHNSON: My final question-- and I have a lot of questions I'm going to get to. I'm

going to come back for a second round. We are going to allow second rounds is Council members need them. My final question is does this organization that we are talking about-- does H&H plan on issuing mandatory quarantine orders or asking the Department of Health to issue mandatory quarantine orders as, I believe, H&H has no legal authority to issue mandatory quarantine orders for people who, in some way, are not complying with isolation request or are not complying with contact tracing efforts made to them. If that is the case, how are we going to keep people from not being discouraged from getting tested?

DR. KATZ: Well, those are great questions and great points. I will start and ask Dr. Daskalakis to add on. The focus of the program is going to be to encourage people to do the right thing. We believe that carrots are much better than sticks. The whole point of this program is to keep people safe and to have them keep save the people they love. Right? The core mission here is a mission that will positively reverberate with people. We are not doing anything to hurt people. We are doing everything possible to try to help them and to

support them. And part of why the hotel program needs to be integrated is so we can bring people food. We can bring them there medicines. We can bring them their medical care. Do all of the things to make it as positive as it can be. We have dealt in, certainly I dealt in San Francisco. There always are few people who do not comply when asked nicely. This is not a new issue. It happens with diseases like multi-drug-resistant tuberculosis. What you do if you have somebody with multi-drug resistant tuberculosis and they will not isolate themselves even though you have asked them nicely and provided all of the incentives? There is not a simple answer, but we have not ruled out using any of the powers of DOHMH. Of course, they would be issued by DOHMH as a Commissioner Warner. It would not be by H&H. Dr. Daskalakis, what have I miss?

SPEAKER JOHNSON: I just want to do before-- before Demetre ways then, I just want to say, you know, of course, want to be sure that New Yorkers are safe and that we are doing everything we can to protect them, which is why we are doing this program to begin with. It is a core part of making sure people are safe. But I have concerns about how

we handle this where it doesn't land in a disproportionate way on poor people, on people that may have addiction issues, on folks that already are, you know, extraordinarily vulnerable. We have seen the over policing of communities and arrests and summonses already over the last, you know, month and this. How do we-- my concern is how do we make sure that something along those lines does not happen in this way? And I understand it is a balancing act because we do not want people that do have COVID-19 to be out there not abiding by public health orders. But I just want to understand how we are handling this in a nuanced way so, as you said, Dr. Katz, we are not starting with a stick. We are starting with carrots and we're figuring out how to-- how we approach people that may have other underlying health conditions like drug addiction, like mental illness. People that may be undocumented. How are we handling the unique situations that many New Yorkers have to make sure we are not going to be, you know, overly punitive while, at the same time, balancing the needs that we are all talking about?

DR. KATZ: Well, said. Dr. Daskalakis?

DR. DASKALAKIS: So I think, just to restate some of what Dr. Katz said, I think that this program is really being designed as a service on not only intervention, which I think is critical, and, really-- again, and Dr. Long should jump in, too. There really sort of focusing on creating an environment where almost everyone will be interested in doing this as opposed to creating an environment where it is more sort of an enforcement issue. I think it's a critical piece of [inaudible 01:05:29] a cup of the important things that are ingredients to this to make sure that it is done in no way that it is appropriate for the community is, very soon after the announcement of T2-- sorry. Test and trace program moving over to H&H, with our collaboration, we worked really hard with H&H to develop a community advisory body to make sure that there was direct feedback into this sort of what the strategies were from the perspective of care and stick. So, I think that that is really critical piece of what is happening with this project and is, again, very collaborative sense, again, we pulled it together at DOHMH and then started this great collaboration with Amanda and the other team over at H&H to make sure

that these voices were a part of the planning dynamics. Additionally, I think another really important thing that I think maybe Ted would like to talk about more is, you know, even before the hiring moved over to H&H, there was an import and effort to make sure that ZIP Codes overrepresented by the pandemic were also overrepresented in the hires. And so I think that we have been providing data and information to this sort of hiring to make sure that the individuals that are working on this project are actually individuals connected directly to the communities that are affected. So I'm not sure, Ted, if you have anything else to add.

DR. LONG: Yeah. Yeah. Yeah. Yeah. Thanks, Demetre. You hit all the key points. I would just emphasize three things. We are creating a new [inaudible 01:06:55]. A new role called resource navigators. What my patients tell me, when I diagnose them with coronavirus and I explained to them what isolation is, they say, but how do I get food? How do I support my family at home? And we are creating a one-stop shop for them to be able to reach out at home and get all of the wraparound services that the city has to offer brought to bear

with one single person. The other thing you mentioned, Mr. Speaker, which is crucial, is behavioral health. So, in our hotels program, our model, which we started up belt out, includes comprehensive behavioral health, including social work, peers, and psychiatric consult and of the hotels themselves. Because that is a very critical thing to really, truly take care of patients and hotels. And then the third thing which Dimitri was saying is that we are currently working with CBO's across-the-board. We have been in touch with hundreds of CBO's as we sit here today, asking them, which of your clients would want to be either a resource navigator or a tracer? Because who better to know the community and to be able to really communicate with people from their community events someone who lives in that community? They are the perfect tracer. So, that's been a high priority with others. Again, we've been in touch with hundreds today.

SPEAKER JOHNSON: So, then, just to be clear, you are saying, Dr. Katz and Dr. Daskalakis, that quarantine orders are on the table?

DR. KATZ: Yes. I think they have to be, but I think the goal is that we are-- our hope is not to have to use them.

SPEAKER JOHNSON: But I would just say, as you start to think about that, I would be very clear and nuanced about what that means to New Yorkers so that we do not scare people away from actually being tested or from wanting to participate with our contact tracing program.

DR. KATZ: Agreed.

SPEAKER JOHNSON: Okay. I have a lot more questions. I'm not going to ask them now. I am going to turn it over to one of the Chairs of running today's committee hearing. I believe we are starting with Chair Rivera, the Chair of our hospital's committee. I want to thank you all for participating and I will come back for a second round of questions after all of the Council members have a chance to ask their questions. Chair Rivera?

CHAIRPERSON RIVERA: Thank you so much, Mr. Speaker, for your questions. I will just dive right in. So, Dr. Katz, you said the Mayor made this decision. Can you describe in your opinion, what the

Mayor's decision-making philosophy is when it comes to COVID-19 related decisions?

DR. KATZ: Sure. I think his feeling-- and I have been pretty transparent that I agree with it, is that this is a huge undertaking and that the three pillars are better altogether than they are separate and that whoever is doing the whole umbrella of services needs to be able to very rapidly hire. And I would add, and my own beliefs, that it is appropriate work for government employees.

CHAIRPERSON RIVERA: And I just want to quickly acknowledge Council members Ayala and Treyger. Does he have particular experts that he relies on? How did he, for example, make decisions to close down schools and businesses when he did?

DR. KATZ: I think the mayor has been very open about the fact that all of the decisions-- and I certainly witness to this-- where he would ask the advice of Dr. Barbot, Dr. Daskalakis, myself, and Deputy Mayor Perea Henze. And, I think, we can all be clear, we didn't always agree. Sometimes, the four of us have the same opinion. Sometimes there was a disagreement. Facts have shown that sometimes some of us were right. Some of us were wrong. The

same person wasn't right all of the time, back, and each time, the mayor asked the four of us whenever there was a medical question, I would add, and more recent times, Dr. Varma has joined, as well, for medical questions. Health questions. Public health questions. And then, based on that and the operational issues, he is made the decision as our mayor.

CHAIRPERSON RIVERA: Can you elaborate on any moments in particular where you or other health experts initially agreed with the Mayor and how you, as a team, resolved those differences?

DR. KATZ: I think I-- and, you know, Dr. Daskalakis was a part of it and he can say his view. I would say that 85 percent the four or five people agreed. I think, maybe, 10 percent of the time we didn't agree. I think, that, if anything, coronavirus should teach us all a great deal of humility. I mean, I think it has to be said that much of what public health experts said, including myself and other experts in New York City was not correct. I think some of the obvious things that were not correct-- Sorry. My computer, but don't touch it, the screen changes. I think among the

things that we can now all acknowledge were not correct is that, at first, we thought that the pandemic was propelled by people, only those who were symptomatic. It is now clear that people who are asymptomatic can transmit name, maybe, are some of the most transmissible-- people who can most easily transmit. In January, there was concern about flights coming from Asia. It turns out that the concern should have been about flights coming from Europe. We, earlier on, all of us agreed that the risk of the virus being transmissible from surfaces was close to nonexistent. We weren't right about any of those things. So, I think humility is a really key feature that all of us should take from this pandemic.

CHAIRPERSON RIVERA: I appreciate that lesson always. How will you lift up the voices of all the experts in the room, particularly given the stories in the press that have reported that the Mayor is particularly influenced by your opinion on health decisions?

DR. KATZ: Well, since you've given me the opportunity, the article that appeared which was from the leaked emails, two days later, the Mayor

made the decision to close the mass of events. So, obviously, he didn't listen to that email. So, I'm not really sure-- I mean, again, I go back and say that, if anyone thinks that the biggest mistake that expert made was my worrying about the impact of closing mass events, we should have been sheltering in place in January. Long before anybody said anything. Right? So, to suggests that the mistake was if only we had-- the Mayor had announced the close of mass events two days earlier, totally misses the humility point. The humility point is we were all wrong. We should have done something way earlier, but that wasn't anybody's fault. All of us were operating on the information that we had. And I think the fact that the Mayor did and mass events shows that the Mayor, was not, in fact, unduly influenced. And isn't it a good thing that people should ask a variety of opinions and we should all give our opinions? You know, again, I feel like that that story is meant to so bad feelings between people, which is not helpful to us getting our work done.

CHAIRPERSON RIVERA: Well, you said earlier that this move was made primarily because of

operational concerns, but at the end of the day, the Mayor is going to look to you as a head of H&H to guide the implementation of this program. So, outside of New York, what has your experience been with contact tracing?

DR. KATZ: Well, during the 13 years I was director of public health during the worst years of the epidemic, I supervised contact tracing for all of the diseases that existed up until that time. Obviously not COVID-19 which did not exist. But I have a long background. I started most of my career-- still the majority of my career, was spent on the public health side, not on the hospital delivery side. But, again, I would just try to emphasize we are not losing the amazing expertise of DOHMH. The hospital analogy as you are the chair is I can still provide the resources my anesthesiologist need even if I can't intubate a patient. I don't tell my anesthesiologist how to integrate patients. I don't do the vent settings. That doesn't mean I can't be sure that they don't have the best ventilator. In fact, I spent a lot of time working on obtaining ventilators that I, myself, don't know how to use. So, I think it is entirely possible for

someone to be helpful on operations that I could have an ability, through Helping Hospitals to hire 1000 government workers faster and get their IT done and get them paid and I don't see that that takes anything away from the tremendous expertise that DOHMH has.

CHAIRPERSON RIVERA: And I think you for all of your expertise and talent that you brought to this role and coming back home to New York City. You know, without Dr. Barbot here, I am very interested in knowing her perspective of this transition. In the Mayors said and the press conference just a few minutes ago that he spoke to her two days ago, maybe, or a couple days ago. When was the last time that you spoke to Dr. Barbot and what are her thoughts on the transition?

DR. KATZ: Yeah. I talked to her three days ago and what I said was, you know, I really want to work with you. And she said, minutes, you know, we are on the same team. The same uniform and we are going to make this work. And I know that what she cares about at the end of the day is us getting out of lock in a safe way and saving lives. And I know

that she cares more about that than anything else and I think that is what we all need to focus on.

CHAIRPERSON RIVERA: Agreed. Agreed. And it's just, you know, I have a concern and, maybe, it's a little personal. And, again, not all on this team, but many of the people on this team are men. Particularly white men. And the leadership of this group and as one of only 12 women in the Council and one of even a smaller group, we just have a lot of concerns in terms of being women of color. I know the consequences of not having those voices in the room when big decisions are made regarding the city. It is a disservice to New Yorkers. I have highlighted this issue when it comes to maternal mortality. And Dr. Barbot is one of the few Latinas in the Mayor's leadership team. And, since she is not here today, can you tell me who will be leading efforts to do outreach to the communities of color? Specifically those that have been disproportionately affected? You mentioned community-based organizations, but can you talk about who will be leading those efforts specifically--

DR. KATZ: Sure.

CHAIRPERSON RIVERA: in the administration?

DR. KATZ: I'd like Dr. Long-- he has had the more contact with those groups to answer.

DR. LONG: Yes. Absolutely. And, Chairwoman Rivera, I very much appreciate the question. It is critical that we get as much community input as we can-- is possible to be successful here, otherwise, we won't be able to reach and in the communities to really connect with the people we need to connect with to get them tested. Specifically, were partnering with the Department of Health to crate the advisory committee that Dr. Daskalakis had talked about. That is under the leadership of Dr. Tori Easterling [sp?]. And, again, we've been in touch with hundreds of CBO's to get both their empire, but actually have them physically help us to hire people that will be doing the actual work. The input through the advisory committee is ongoing. It is very, very helpful so far and we have an open door for being able to pose questions and issue for the committee and we have every intention to continue that throughout the process.

CHAIRPERSON RIVERA: Okay. I heard most of what you said. We can come back to this. I want to just make sure-- I don't want to take too much time because we have a long list of people waiting. So, we want to just get a sense of kind of the bureaucratic navigation that you all have embarked on and the transition that is occurring. Can you explain the differences? Because we heard about the fund for public health and being a public benefits corporation. Can you explain the differences between the processes by which the Department of Health and Mental Hygiene versus H&H procure contracts particularly as it relates to the operation of the fund for public health?

DR. KATZ: So, Chair Rivera, on the contracts, I would agree, and I think it's already been said, that while we are under the emergency order, contracting is relatively easy compared to usual. But in this case, health and hospitals already had the contracts in place. So for testing out for the hotel program and the supportive services. So, for us, it's not even a question of contracting. It's already done. It's already in place. The emergency rules do not change the

employment law. Do not change the things that are necessary. The rules that govern the hiring of civil servant, government employees, are not waived under an emergency and I believe that that is the why, originally, when DOHMH was planning to hire, they were planning hire through a nongovernmental entity, recognizing that, as a city department, it would be very difficult for them to do the logistics. This is nothing about the expertise of contact tracing. This is the sheer logistics of putting 1000 people on payroll correctly and that that was why they were, you know, planning to use a nongovernmental entity. I, again, as an unapologetically public-sector person, feel that government work should be done by government employees and, as an agency, I can hire more rapidly than people in the department. The same would be true if it were EDC. It's not about H&H versus DOHMH. It's about being the speed in which an agency can hire. We can create positions. We can hire more rapidly than a city department. I don't see that as a negative on anybody. I just say that as the differences in organization.

CHAIRPERSON RIVERA: Understood. So, let me just move on. Many medical experts have been

pressed to us the concern that even a one to two day delay in getting test results will limit the success of this program. How do you respond to those concerns and when can we get those delays eliminated?

DR. KATZ: Yeah. That's a great issue. Right now, just to speak about, you know, the realities on the ground, in a hospital, both H&H hospitals, as well as private hospitals, we have sufficient reagents to test people and get the response in three to four hours. But the reagents for those tests are fairly limited and that is why we and the other hospitals are using the four clinical decision-making when we have to know right away that somebody is positive. I would love for the ability to have a three to four hour turnaround time or even an immediate turnaround times with rapid testing the way we have for HIV or other illnesses. I'm sure they are coming, but they are not technologically here yet and we still have shortages of the reagents for three to four hours. So, I'm hoping the situation improves, but that is beyond us, DOHMH or Health and Hospitals.

CHAIRPERSON RIVERA: So, what would the involvement of FQHCs and community health centers be

in the track and trace program? For example, are they able to provide testing the patients and how can the contact tracing program also worked to provide care directly to individuals who may test positive with mild or asymptomatic cases?

DR. KATZ: So, the first half is conveyed to the testing? Yes. Absolutely. Dr. Long, do you want to talk about the greater involvement?

DR. LONG: Yes. Absolutely. So, while QHCs can do testing now, we actually want to, as part of this program, to reach out to all FQHCs in every community that wants to be a part of this to support them and figure out what their needs are. So, we have already started to have those conversations, but I very much agree with you that the FQHCs serve a critical role in all of this and we are here through the program to support them to be able to offer testing every community.

CHAIRPERSON RIVERA: So, have you worked with CBO's and labored to hire culturally competent and aware contact chasers that reflect communities in the city?

DR. LONG: Great question.

DR. KATZ: Go ahead, Dr. Long.

DR. LONG: We are doing that now. So, we've been in touch with hundreds of CBO's and we have asked them to send us clients that would serve as tracers in the communities that they come from and then, in addition, just to make sure that that is a good process for them and for us, is we prioritize clients from high-risk or high vulnerability ZIP codes and we bring them to the front of the line for interviews, front of the line for hires. So, it's very high priority for us.

CHAIRPERSON RIVERA: I'd say so. I'd say it's probably one of the most important things--

DR. KATZ: Understood.

CHAIRPERSON RIVERA: that we have a diverse team going into our communities that have been devastated. Devastated. There have been many ethical and private-- I'm just about to more questions and then we can move on. There are many ethical and privacy concerns regarding contact tracing. How do you envision New York City navigating these issues? Will any H&H employees be limited in participating in this program based on HIPPA rules?

DR. KATZ: No. We've consulted with our lawyers. We think that, because the tracing is being done as a public health function under the auspices of DOHMH, that we don't have an issue around HIPPA. Both departments, again, have in their DNA, the importance of keeping information confidential and we will continue to work with the city lawyers, as well as the H&H lawyers to make sure that everything is done properly.

CHAIRPERSON RIVERA: How does the implementation and the public release of the data from this program such as the notification to the individuals that they have been in contact with an infected individual work within the context of HIPPA and other privacy concerns?

DR. KATZ: Well, so, again, because this is a public health function, HIPPA will not be the relevant law. Although, when we are taking care of people in a hotel program, obviously, their medical information is protected under HIPPA, so but when we are doing the public health functions, we will use the stringent public health confidentiality rules which, frankly, again, these are not new to us. When you tell somebody that they've been exposed to a

sexually transmitted disease and they say tell me who told you that, right, we don't say, you know, who the name is. Right? I mean, that is part of it and we don't tell other people that the person we are calling is a contact. So, we will make sure.

CHAIRPERSON RIVERA: Well, my last question, just to follow up, is just on the tech concerns. You know, we held a hearing on technology, along with my colleague, Council member Holden, who you are going to hear from right after. Project Nightingale is was involved in EHR program that was run by Ascension. That's the second largest health care system in the country. Project Nightingale made headlines because it was revealed that Google was provided with 15 million health records from this program last fall. Health data harvesting and general mistrust has many Americans doubtful and governmental leadership and, in a recent poll, two thirds of Americans would not use a contact tracing program established by the federal government with roughly half saying they wouldn't use the program established by local public health officials. So, what EHR or other medical platforms will be used to run this program?

DR. KATZ: Let's start with Dr. Long and we may need Dr. Daskalakis, as well, on the IT. Ted?

DR. LONG: Yeah. So, I very much hear you, Chairwoman Rivera. Two points I'll make and then I'll turn to Dr. Daskalakis. First is that we're not running the program through an EHR. We are running it through a platform that is really specialized to do this sort of thing. And the tracers themselves are trained and required to keep information highly confidential based on state and city health codes, not on HIPPA. So, we have the opportunity to offer people every reassurance and it think it also helps to have people from the community that are trusted, be the tracers themselves. Dr. Daskalakis, do you want to add on?

DR. DASKALAKIS: Hey, Dr. Long, I think you covered it.

CHAIRPERSON RIVERA: Who is going to own the data gathered from the testing and tracing and has the city considered using a contact tracing app?

DR. KATZ: Dr. Long?

DR. LONG: That's a great question. We have considered using apps. We have not gone down that path yet. What we have done is people like to

be communicated in different ways, so we have a multi-mode strategy of calls and text messages that we're going to be leveraging. But the use of an app is an interesting one and it's something we're looking into and we will continue to look into that. I'd be happy to share more later.

CHAIRPERSON RIVERA: Please do. All right. With that, I want to turn it over to my colleague, co-chair, Mark Levine. Thank you so much for answering and I will see you in the second round.

CHAIRPERSON LEVINE: Well, thank you, Chair Rivera and thank you for those questions. And hello again to the administration. You know, an unfortunate result of this pandemic is we are likely to see a resurgence of some of the infectious diseases we have been battling for some time. HIV, tuberculosis, viral hepatitis. All of those require contact tracers to contain, but we have now taken the contact tracers out of the health department. So, how are we going to protect the city against the resurgence of those contagious diseases?

DR. KATZ: I will start and then I'll turn to Dr. Daskalakis. So, I think that is a good point and it has a corollary with healthcare in the

sense that, when the health care system is all focused on COVID, then we worry our children getting their immunizations? Are people getting their hypertension medicine? So, I think the challenge for the city, all of us broadly, is to deal with COVID, which is an emergency, but, as you say, Chair Levine, not forget about the other things. Dr. Daskalakis has identified a group of staff that can focus on the COVID tracing, but all of his staff are not focused on that because he has to continue to focus on the other infectious diseases just like Health and Hospitals house to focus on people who are having trauma or other diseases. Dr. Daskalakis, can you explain how you are doing that?

DR. DASKALAKIS: Thank you. So, we will have staff who will be focusing on COVID-19 since we are in the middle of the public health emergency. And so that is critical. I think, as healthcare opens up again, which I think it has, we will see, frankly, new HIV infections, hepatitis, STI's, etc. since people have potentially not been coming to care as frequently because of the COVID-19 emergency. With that said, I think that we, routinely-- the Department of Health has exemplified by our incident

command system or ICS that Speaker Johnson referred to before, are used to really moving staff around the various areas. So, we will, again, use current staff and also repurpose our internal staff to be able to meet the needs as they emerge.

CHAIRPERSON LEVINE: I appreciate that, as bad as this pandemic is, we cannot take our eye off these long-term battles against the disease as I mentioned in others. We know that requires contact tracing, so we are going to want to be really vigilant on that. You had a very nuanced discussion about the possible use of mandated quarantines and I appreciate your frankness and talking about the possibility that it could be used in some cases. One thing that we learned in our battle against HIV epidemic with use of contact tracing, is that mandated quarantines or mandated activities can impact people's willingness to seek a test because they might feel like there could be consequences if they get a positive. I wonder if you have considered the thought of pre-test counseling of any sort to explain people what the implications of a positive test would be, potentially even having someone sign a

waiver or committed in some way to quarantine is a positive test comes back?

DR. KATZ: girl started man I won't turn to Dr. Long. So, yes. We need to provide information at the time of testing and I think it is very important in that people know at the time they are getting the test was the possible results of the test star. You know, my overall hope is that most people see us as trying to be helpful and I think they will. We were talking, Dr. Daskalakis and I, about the fact that early on, when the DOHMH in March was able still to do contact tracing because the number was feasible number, that people-- we had widespread cooperation with the isolation and quarantine orders, including Dr. Daskalakis' doing random checks both by phone and by door and people were following him. So, you know, again, my hope is that the vast majority of people CES as trying to help them. Trying to keep their neighbors and their families safe and that if we are able to offer enough positive things-- food, the ability to bring your medicines, that we will be able to do it. Dr. Long, do you want to start and, maybe, Dr. Daskalakis wants to add?

DR. LONG: Yeah. That would be great. Mr. Chairman, and a short phrase, I completely agree with you. We provide patient education material to every patient we test that explains what a positive or negative result means and we have clinicians who speak to patients, as well. So, I fully agree with you. It is critical. Dr. Daskalakis, do you want to add anything?

DR. DASKALAKIS: No. I think you both covered it.

CHAIRPERSON LEVINE: Thank you. So, what level of participation is your benchmark to make this work? Is 70 percent? 80 percent? 90 percent?

DR. KATZ: You mean participation by the individual?

CHAIRPERSON LEVINE: Yes.

DR. KATZ: I assume-- and, again, all look to the Dr. Daskalakis base on his early experience. I'm assuming 99 percent that people, in terms of compliance. Is that what you mean? Like if we say you have to stay at home, do you actually stay at home?

CHAIRPERSON LEVINE: Yeah. So, and in the earlier stage, if someone tests positive, did they share their contacts with you?

DR. KATZ: Ah. That's a very good question. I'd be interested. I've never had that discussion with Dr. Daskalakis. I've had it in other counties, the question, you know, of how many, if you talk to-- if you are, say, following up someone with a positive syphilis serology, how many contacts do you get? And sometimes the number that you get doesn't seem correct. So, do you want to offer an estimate in this circumstance, Dr. Daskalakis, of what you think we will get?

DR. DASKALAKIS: Sure. So, first, I'll say that one of these sort of important pieces of the training that contact tracers and case investigators are going to get in this program are really on the back of the experience of the Department of Health is how to really coach people to share information. So, I think, very often, what you will find in contact tracing experiences is a question do you have any contacts really doesn't get you very far as opposed to could you open your phone and take a look at who you have been texting and who you have been seeing in

all of that? Think about your appointments, if you had appointments. Really sort of coach out a good number. I think, realistically speaking, though, there are people who just will not give contacts and, I think, probably a fair guess is that about 20 to 25 percent of folks will either not know or not actually share contacts. It's pretty common. I think this disease is a little bit different than HIV and STI. I think that, at least, currently, and this sort of phase of infection, I don't think that we have like the same-- although we do have a stigma level-- like quite the same sort of topical stigma level then we do with those two. So, I think my hope is that we will see something close to 20 percent who don't share. Also to remember is that the data are always imperfect. And so, I guess if I would ask anyone on this illustrious panel if they know the phone number of everyone they've been in contact with, the chances are they may not, but part of the training that will happen with the tracers is ways to figure that out. And I think that the hope is, you know, ideally, I agree with Dr. Katz, that if we do get 99 or 100 percent compliance, that would be ideal. But really, in the real world, if we get something close to 75

percent, we will be doing pretty great. I'm not sure, maybe, if Ted or Dr. Varma has anything else to add.

DR. LONG: You definitely covered it from my perspective.

DR. VARMA: Yeah. This is Jay. I would just say that there are some indicators that we will eventually be monitoring that are even more specific. So, for example, as disease transition declines, and the ideal setting, the proportion of new cases should ideally start to increase as those that come from quarantine. That is of all the cases that you detect-- let's say you have 100 cases-- if the majority of those cases are people that you already knew about because they were already listed as contacts, then that would demonstrate success of your program. But we are quite away from getting to the air until we get to a point where there is a lower level of transmission.

CHAIRPERSON LEVINE: Okay. But there are challenges in every step of the tracing process from the moment you get a positive test result to the time when every contact finished their 14 days in quarantine where we've got to get a working phone

number for everyone who tests positive. Not everyone has a cell phone in New York City, especially in a time of economic crisis like this. You need people to answer the phone. Not everyone answers phone from numbers that they don't recognize. We talked about the need for them to share contacts and some of these can be sensitive. What if someone was at a mental health counseling session? Someone was at an AA meeting. Someone was engaged in pastoral care. There are challenges at that state. And then I want to emphasize what a big deal and going to feed ask New Yorkers, who are otherwise healthy, to stay home for 14 days. They need to do that. It is an imperative. This is the new stay home stay safe. This is the way we can stop the spread. And the way I explain it to people is you need to make sure you are the last person who the virus ever touches in your circle. But it's a lot tasks someone who feels healthy to stay home for 14 days and I will have some questions in a bit about what it is going to take to make that realistic. But, any comments on some of the other challenges that we are going to confront in the early stages of the tracing process?

DR. KATZ: Dr. Long? Anything you want to add?

DR. LONG: Yeah. To be brief, I agree with everything you said. Those are all really important points and it brings up the issue of phones only get you so far. So, we are building out the field office unit within the tracing operation to be able to do more than just on the phone. Just to agree with your point, we have to use every strategy we can to get through to people.

CHAIRPERSON LEVINE: Okay. Look, at this point, contact trace--

JACKIE BRAY: Can I--

CHAIRPERSON LEVINE: Oh. Sorry. Please.

JACKIE BRAY: That's okay. This is Jackie. I was going to add that part of what we are parrying with this is, you know, all of the clinical status is important. All the expertise is important, but chose the communications with New Yorkers is also critical. And one thing we have learned from what Massachusetts has been doing for the last six weeks is what messaging works the best and what methods of delivering that message? So, Massachusetts has a

great program running that we are-- you know, stealing is the greatest form of flattery, right? That we are working to build out for ourselves. It is literally about, hey, the way you take care of your family as you answer our call. Like pick up your phone when we are calling. And so, we will be investing heavily in communications and all languages that are culturally competent and informed by how people best receives information, both channels and language and visual. And I think that that is like an incredibly important part of what we are doing. And what we know already is from the research that we've done is that what people most want is to keep their families safe. Right? And so, the more that we talk about this as a program that is going to help you keep your families safe, the hires success we are all going to have in confronting those very real operational challenges.

CHAIRPERSON LEVINE: Understood. In past contact tracing efforts in New York City when we needed to find people who, perhaps, the person who is sick just didn't know. We have used methods like checking credit card purchase data. Why would this be necessary? Well, you know, maybe someone went to

a restaurant and a member of the wait staff was sick, for example. And so, we have to find people who were served. Love, at this moment, most of the contacts are going to be people who either we live with or, maybe as the central workers, we work with, so we will know most people. But that is going to change as we start opening up. We have seen in other countries in the current pandemic they have used closed-circuit television to identify people, again, outside the home in the work where it is harder. Some have taken to social media to track people down. Tell us about your plan for these kinds of methods in this current tracing project.

DR. KATZ: Dr. Long, do you want to start?

DR. LONG: Yeah. Actually, this is a great opportunity to make the point that, as we plan things like that is, it is done hand-in-hand with the Department of Health. So, Dr. Daskalakis and I and others will talk about this. We will figure out what makes sense. They will help to guide us and then we will implement the plan on the ground. We are thinking about everything that you just said, Mr. Chairman. On day one, the program will work and then

we are going to be building on enhanced layers like that. And these will be things that we will do together hand-in-hand with the Department of Health. So Demetre, I don't know if you wanted to add anything.

DR. DASKALAKIS: I don't have anything that. I think you covered it.

CHAIRPERSON LEVINE: Okay. I do want to acknowledge we have been joined by one of our colleagues, Council member Steve Levin. We have talked about the need for people to quarantine and I think we all agree so far, everyone who has spoken on this call, better to do this by encouragement and by making it easier for people. So, that actually means a lot because we aren't telling people to not leave their home for 14 days except for a medical necessity. The doctor's appointment or an emergency that can't be delayed and this isn't like sheltering in place now where you just-- you can put on a mask to go to the grocery store if you need to or you can go to will run in the park. That is not what quarantining is. This is really stay home for 14 days. And, so, obviously, we need to make sure people's food means are met. We need to make sure

that their pharmacy needs are met. They shouldn't go out to walk their dog, right? Because that is potential exposure. I mean, they probably shouldn't go out to take the recycling if they are in, you know, a large building with common areas. What are the provisions that we are going to make for that? And, actually, let me add one more thing, which is a question of income. Some people are actually going to lose income when they quarantine and have we talked about income replacement? So, those are some of the considerations to make it reasonable for people to stay home for 14 days. Tell me your thoughts.

DR. KATZ: I know Jackie Bray is going into the detail. I just want to start by saying, send me, this is why it is so important that the pillars be together because I don't see how you can do successful tracing unless you have the ability to provide people both the location and the services they are going to need to stay at home. I'll just say that early on, some of the most challenging issues we had where people would be discharged from the hospital because they had been in the hospital because of COVID, but they have no medicines. Right?

So they have no medicines for their diabetes. They have no hypertensive medicines. What are they supposed to do? And my health is back, by all of us together working with Jackie's experience on some of the important social services, as file, we won't be able to meet those needs. Jackie?

JACKIE BRAY: Sure. Thanks. Yeah. So, the first thing is that anyone who is isolating at home-- So, anyone who is isolating at the hotel's, obviously, less of a challenge there. There will be services at the hotels to provide for all of their needs. Anyone that is isolating our home will be connected to a resource navigator. That will really be a case management function that walks through with that person what are the things that you need in order to stay home? Is our expectation that something like 25 percent of our cases and our contact are going to need some type of government assistance and government service provided for them in order to safely isolate at home. So, meals, we will have that set up from day one. The ability to connect with pharmacy delivery, we will have that set up. We are, literally, trying to figure out how to add minutes and data availability to people's cell

phone so that they can text with us. They can pick up their phone calls from us, but also from friends and family checking in on them. We are services, ways to connect people at all of the existing city services. So, any existing HRA service, existing legal services-- we learned at the beginning of this outbreak that some people in quarantine and isolation need some legal services in case they have legal issues going on that they then can't attend to. You know, there are certain ways in which we can provide some financial services. And I take the point completely have we thought about income replacement? We are not there yet, but we understand that other people are talking about that and we're talking about the right folks about that. And so, you know, pet walking and laundry, we will not launch on day one, but they are definitely on our list as we move forward over the summer.

CHAIRPERSON LEVINE: Forgive me. Did you mention childcare and eldercare? This is relevant.

JACKIE BRAY: Yes. Of course. So--

CHAIRPERSON LEVINE: Let me just explain why this is so important. Because for those who

can't stay safely at home and they need to isolate and a hotel, well, what if they are the primary caregiver?

JACKIE BRAY: Right. Right.

CHAIRPERSON LEVINE: So, how do you deal with that situation?

JACKIE BRAY: so, you know, one of the things that we have decided is back, if you are the primary caregiver to either children nor to an adult in the home that means round-the-clock care, that we would make it safe for you to isolate at home. At that point, what we would do is give you what you need. It might be lots of PPE that shows up at your door. It might be a different type of infection control protocol, but our first goal would be to help you isolate at home. If that was impossible, then we could also look to burying your-- the people in your care to the hotel. That's another option, right? So that you and your kids could come to the hotels or you or the person that you are caring for and come to the hotel. And, again, as those are also not options and we really need to separate caregiver, we are working hand in glove with our partners in the healthcare space, in this sort of home health aide

space and visiting nurse service space and an effort to set up appropriate care. And we are anticipating those problems and putting systems in place.

CHAIRPERSON LEVINE: How many resource navigators are you going to hire and is that part of your 2500 tracers?

JACKIE BRAY: A stiff friend. We are working out the numbers and it is going to be hard to know exactly how many we need until we start. So, we were talking about what percentage of cases, what percentage of contacts, but somewhere between 200 and 300 and we will work really closely in partnership with communities to make sure that those resource navigators have real experience already doing this for vulnerable New Yorkers.

CHAIRPERSON LEVINE: An incredibly sensitive and important job, for sure.

JACKIE BRAY: Yeah. Yeah.

CHAIRPERSON LEVINE: we've talked to about the fears and about the trust that we need New Yorkers to have in this program and boy am I worried about how undocumented New Yorkers will respond--

JACKIE BRAY: Yep.

CHAIRPERSON LEVINE: in the era of the presidential administration which is targeting them directly day after day. What kind of provisions are we making to ensure every person in the city, whatever their immigration status, that they can safely participate, that information they share will be secure, and that, under no circumstances, no circumstances, will we share data with federal authorities?

DR. KATZ: We will under no circumstances share data with federal authorities. Absolutely. I think that is something that your team believes send very deeply and we have made those points to our lawyers who support that both that the Health and Hospital and city law and we will make sure that that never happens.

CHAIRPERSON LEVINE: Look, the Speaker and Chair Rivera and I have all asked about hotels. Why is this so critical? This is an equity priority. The disease has spread because the people living in crowded apartments where it’s gone from one family member to another. This is born out in the data. It’s not fair. People in big houses don’t have this problem. Offering a hotel gives an answer, but, boy,

the numbers you are citing seem low to me. We don't know exactly how many people are contracting the virus every day because we're not testing everybody, which is another problem. But let's just say we have 2000 new infections a day as a guess and let's say a quarter of those people are living in unsafe housing. I think that's low, but I'm working on conservative numbers here. That would mean that, on any given night-- because it's a 14 day-- talking 7000 people in hotels, but you are saying we have 1000 rooms that we can expand to 1200. You didn't clarify how many people are in those rooms, so can you clarify the number of people in the rooms and speak to the kind of capacity requirements that I just mentioned?

DR. KATZ: Well, let me just start, Chair, and just say that we, as a team, are committed to as many hotel rooms as are necessary and that, at this moment, because of the collapse of the tourism industry, there is no shortage of supply for rooms and we have the ability to rapidly hire additional people. Again, because it is not just the tracers, right? It's the who is going to check on them if they are feeling short of breath? Is going to get them there medicines? Who is going to get them the

PPE that Jackie spoke about? And we are committed to hiring as many people as needed. You are right. I mean, it is still early on. We don't know what percentage of people well turn out to be able to isolate in their home versus needing a hotel. People will come on and off. We don't know how many people will get it, you know, tested who will, ultimately, be positive, then I want to say we don't see the hotel supply has a limited. And we don't see the staffing of those bands as a limitation of us. Jackie, do you want to add on the supply? You are on mute, Jackie.

JACKIE BRAY: Ah. Thank you, Mitch. We're not worried about the hotel supply. I am completely confident that we will, as we need, have enough hotel rooms. If we need tens of thousands, we will have tens of thousands. Many of you know me from having run day-to-day operations with the Department of Homeless Services. If there is something I know, it is how to create capacity, so that is not our concern here. In truth, we now have some experience encouraging folks to go to hotels and it is the vast majority of people's preference for us to help them isolate at home and stay home safely. And so, we

will quickly ramp hotels. H&H has got a great model. We have got good services in place for laundry and food insecurity and entertainment, even. We will pull triggers as we need to to make sure we have appropriate capacity.

CHAIRPERSON LEVINE: People of asked a lot about cases where someone has already had COVID-19. They got, maybe, even a test to confirm it. They got an antibody test later and they are asking, and I'm still going to be required to quarantine for 14 days if I've been in contact with someone who is sick? What is the answer to that?

DR. KATZ: That's a very thoughtful question. Obviously, we can all agree that there remains a lot that is not known. I mean, on the positive side for their health, one of the things I would be able to reassure them is that there are no documented cases of people who had COVID-19, got well, and then separately got sick. And, while we don't have perfect surveillance systems, I think, by this time, we would know. There would be at least one case. We don't know it. About what you're asking is a more complicated question. Could they transmit during that time? Right? Is it possible

that you-- even though you can't get sick or, at least, we believe you can't get back again, can you transmit during that time? I mean, in general, people who are-- who have had a disease before, insert models, like measles, can't transmit. But this is a novel coronavirus that keeps surprising all of us. So I don't know. Let me ask Dr. Daskalakis. In your planning, were you thinking that people would still have the same quarantine requirements?

DR. DASKALAKIS: So, I think we are still discussing the issue of antibody and immunity because, again, it is pretty unclear whether a positive antibody test actually means that someone is immune. So, we will have to get back to you once we have actually sorted through some of those issues again. That is a really good question and a really deep one that will be important in this program.

CHAIRPERSON LEVINE: Okay. So, Governor Cuomo and the state are also building a contact tracing program. He cited the number of 17,000 staff. How is this going to interact with New York City? What happens if a sick person in the Bronx has come into contact with someone in Westchester or vice

versa? Explain the way we work with New York State on all this.

DR. KATZ: capture. Well, I am happy to say I spoke with Dr. Howard Zucker, the state health officer, last night at an hour too late to mention. And where he and I are both committed to, you know, sharing the same kind of data. And, again, Dr. Daskalakis can talk about his experience at the beginning of this pandemic where, in fact, you will remember that Westchester and New York City cases had a great deal of overlap and there is an existing system to work well together for public health people to share the necessary data so they-- if they have a case and that person has New York City tracing, we will be able to help them out and vice versa. Dr. Daskalakis, can you say more based on your successful early experience?

DR. DASKALAKIS: Yeah. I think it's pretty clear that we have great communication with the state health department, specifically when it comes to cases that are outside of jurisdiction. I think that, maybe, Dr. Long has more detail on how specifically in trays the plan is to continue that communication, but I am pretty sure, given our track

record, the that will continue. Ted, I'm not sure if you have any other details.

DR. LONG: No. You covered it. Nothing more from me.

CHAIRPERSON LEVINE: Okay. Finally, I just want to understand where we are with being on the staff, etcetera. So, it sounds like 500 are now on payroll as of today. Could you explain whether they have been trained yet on anything? I know they've probably got the Bloomberg online training, which is a couple hours, but have they been trained on the actual system they will be using here in New York? Do they have equipment yet? I assume they are all going to need laptops and maybe hotspots? Headsets. Etcetera. I guess what it really comes down to is when are they going to start calling people who have tested positive? How soon is going to be in action?

DR. LONG: Yes. So, the five-- more than 500 people that I referenced, are being onboard it now. Meaning, they have taken the training. They have passed it and now they are in the process-- they are in the hiring stage. We are going to, of course, get them all of the equipment that they need

and we are going to train them on the new platform as soon as it is ready and we have a timeframe for all of this. All of these things will come online with that having been hired and having all of their equipment June 1 and then that will be the move forward J from when we will start to make phone calls with that cohort. In the meantime, we are continuing no work with Dr. Daskalakis and the Department of Health to do everything we've been doing.

CHAIRPERSON LEVINE: So, 1000 actually on the job on the phones June 1. Why is the timeline for the next 1500 that you promise will, in short order after that?

DR. KATZ: Well, Dr. Long, I just want to make sure that everybody understands we are calling people now that have caused tests. I don't want anyone to think that, if you test positive at one of our centers, that you are not immediately being called, right? We don't have the tracing component in yet and that was partly because, as you have explained to others, Chair Levine, Craig, New York City has had such intense community transmission going on that we haven't yet been at the point where we can really do this kind of tracing, but we are,

very much, hoping we are now entering the stage where we can do it and where it is meaningful. But I just want to make sure that everyone listening nose back, if you get a test now at one of our centers, we call you, Health and Hospitals, to give you the resultant explain to you what it means and what you should do. Go ahead, Ted.

DR. LONG: The only thing I would add, to answer the second part of your question. So, the additional incremental 1500 tracers will be hired at online in early June.

CHAIRPERSON LEVINE: Okay. Thank you. I'm going to stop now. I will come back for round two. I want to pass it off to the committee counsel, Sara Liss, who can cue up Council member questions. Thank you all very much.

COMMITTEE COUNSEL: Thank you, Chair Levine. I will now turn to Council members for questions and call on them in the order that they will be asking those questions. I want to remind everyone that if you mute yourself at any time, you can only be and muted by the host. If this happens, please use the raise hand function and the host will unmute you. Council members, please keep your

questions to five minutes. The Sergeant at Arms will keep a timer and will let you know when your time is up. As the Speaker mentioned, we will be adding a second round of questions afterward for two minutes each. I will announce the entire order now and then, after each Council member asked questions, I will remind everyone of the next Council member will be to ask questions. The order is Council member Holden, Powers, Lander, Ayala, Barron, Ampry-Samuel, Moya, Yeger, Eugene, Reynoso, Maisel, and Levin. Chair Levine, please call on Council member Holden as soon as you are ready. And, Council member Holden, you can begin after the Sergeant cues you.

CHAIRPERSON LEVINE: Thank you, Sara. And, yes, Council member Holden, please begin.

SERGEANT AT ARMS: Your time will begin now.

COUNCIL MEMBER HOLDEN: Can you hear me? I don't--

DR. KATZ: Yes.

SERGEANT AT ARMS: Sergeant Bradley, please resent the timer. If someone could please unmute Council member Holden, please.

[background comment]

SPEAKER JOHNSON: Can someone mute Council member Levin? And we cannot hear Council member Holden.

COUNCIL MEMBER HOLDEN: Can you hear me now?

SERGEANT AT ARMS: Mr. Speaker, he's back on.

SPEAKER JOHNSON: Yep. Now we can hear you, Council member Holden. Go ahead.

COUNCIL MEMBER HOLDEN: Thank you all, again. And I don't know if you heard before, but it is a great hearing. It's very interesting and the Chairs came up with some great questions. I need to ask this one, which is not related to contact tracing. However, we are hearing a number of complaints from front-line workers including DOE employees and firefighters who claim that, when their fellow workers, who they had contact with test positive for COVID-19, the workers are transferred to other units and they keep working and are not quarantined. What is their rule on that? Because, how do you contact trays when you are spreading it out the same time?

DR. KATZ: Council member, you are absolutely correct. Those people should not be at work. Those people should be, for 14 days, isolated.

COUNCIL MEMBER HOLDEN: So, what are we going to do about it? It is still happening. Every day I get a call on this.

DR. KATZ: I mean, I'd be happy myself to track if there were a specific case to call. I mean, those are all department heads I work well with. I would be happy to contact them. I can separately contact them and tell them that people are-- that this is happening because it is clearly wrong.

COUNCIL MEMBER HOLDEN: And another thing, just with contact trays seen, it is clear we still don't know-- and you alluded to this a little bit-- of how many ways that this virus can be transmitted. For instance, we hear six feet is a safe distance. There is been studies-- the [inaudible 02:04:35] study indicated that it could go up to 13 feet. So, you know, even tracing is, if you really came in contact with a person, you know, for instance, we are seeing new-- the emergence of a Kawasaki like disease which nobody saw. So, we are getting smacked

with different ways of this. So and even today I spoke to a doctor-- because my mom is still in the hospital are still in the nursing home and she was tested and the doctors are telling me there is a 20 percent error rate on a test. They really can't even trust the test. So, this almost seems like, you know, we are getting hit with wave after wave.

DR. KATZ: Council member, I agree with what you said. Just on the first part, so that I do my job, besides the Department of Education, what was the other department where you are hearing people not being allowed to quarantine?

COUNCIL MEMBER HOLDEN: FDNY.

DR. KATZ: Okay. You know, on the science, I mean, I think the very best people have often been wrong, not to any fault of their own. That this virus does keep surprising people. And, again, that's why I think humility is the most important lesson all of us can learn. Think that the advice does change. I personally recognize that the virus test is not perfect. That is definitely-- 20 percent is a little higher than what I would've said, but, absolutely, the point is still true and I will tell you, in clinical settings, when we believe that

the person has COVID-19, we act as if they have COVID-19 even if the test is negative because we recognize that there is false negatives. And so, just support you, sir, in saying this has been really hard for everybody and I wish her mother the very best.

COUNCIL MEMBER HOLDEN: Thank you, doctor. I appreciate that. Just on the mobile application, could ask a few questions?

DR. KATZ: Sure.

COUNCIL MEMBER HOLDEN: You may have touched upon it. I had to step in and out. You know, with the mobile application have the ability to access other data or features on the mobile phone? Like controlled Bluetooth? Access to the phone information? Contacts? Phone number, email, access to the microphone, access to cameras or access to the pictures or even access to social media accounts? Does it have that ability?

DR. KATZ: I mean, right now we are still designing it and I think there are relevant issues about confidentiality and legal issues. I mean, our hope is that we are going ask people and they are going to answer honestly in order to be able

to protect the people they love. I think whether or not-- it would require a broader discussion, including your Council if we were doing things that people would have to, I guess, agreed to that loss of confidentiality and security. So, we are not currently proposing that.

COUNCIL MEMBER HOLDEN: Okay. I see my time--

DR. VARMA: [inaudible 02:07:48]

COUNCIL MEMBER HOLDEN: is up. Thank you. Thank you, doctor, so much.

COMMITTEE COUNSEL: Thank you very much, Council member Holden. We will next hear from Council member Powers and then Lander and then Ayala. As a reminder to everyone, you may have to wait a few moments to be on muted by the host when it is your turn. Chair Levine, please cue Council member Powers when you are ready and, Council member powers, you will go after the Sergeant cues you.

CHAIRPERSON LEVINE: Thank you, Sara. And, please, Council member Powers.

SERGEANT AT ARMS: Your time will begin now.

COUNCIL MEMBER POWERS: Great. Thank you. I just wanted to clarify because I did miss-- I think Council member Rivera as this earlier, but am I hearing clearly that the city is developing an app that would go into and them with the human contact portion of contact trays seen?

DR. KATZ: Let me ask Dr. Long and Dr. Varma to respond.

DR. VARMA: Let me touch on something really quickly and then Ted can go through what we have right now just because Council member Holden's question touched on this, too. We have had calls with the various companies that are developing these contact tracing apps. Commissioner Jesse Tisch, from Do It has been the lead on evaluating those with us. At the moment, we are not confident that that apps that most people I've been talking about, the Apple Google one, would be the right solution for New York City. That said, you know, we have consistently been surprised by this disease here and everywhere else and how people respond in uptake. And it may very well be that, if a large number of New Yorkers proactively choose themselves to download these apps, that we would want to be able to use that

information. So, it is really a part of an ongoing discussion about-- you know, that includes both the acceptance of New Yorkers voluntarily on the own without any of us asking to do it and participating in means. And then I was making sure we have an information system that could integrate with that. And so, just to touch on that last point, that is one of the considerations that we are doing is making sure that we have the-- all the application programming interfaces that would allow us to integrate if it--

COUNCIL MEMBER POWERS: [interposing] Got it. Just for time purposes here just very quickly, does that meant that the city is going to develop it or contract out for something like that?

DR. VARMA: Ted, do you want to go through what we're doing for right now independent of Apple and Google?

DR. LONG: Yeah. Well, actually, not much more to add. I think, as Dr. Varma said, we are considering all options, but what would make sense in the context of the program rolling out in June 1. These are all the enhancements on top of it, but it

we welcome continued input and we are thinking of all options.

COUNCIL MEMBER POWERS: Okay. Thank you. And, so just to the entirety of the contract tracing program, it's-- I think-- yesterday-- maybe I'm wrong, but I think yesterday was day 75. Maybe it's day 76 now. Somewhere in the 70 to 80 range, depending on how you measured it. Why not have started a contract tracing program in March when we had first indications that there was an epidemic on our hands. I understand why you-- it's difficult. I just want to be clear. I understand why it is difficult to do at the highest moment, but why not start this version of the process that we are doing now back then when we had clear signs that we were going to be going into a pandemic. In the numbers or arising. We could have put this entire program in place of hiring people, figuring out the organizational structure, and doing most of the measures that we are doing the day. Hotel space and things like that. Why do this on May 15 and not do this on, perhaps, March 15?

DR. KATZ: Well, Council member, I will start and then turn [inaudible 02:11:25]. There are

a lot of things that I would like to read to if we could start again. The issue at the very beginning, we were doing contract tracing. DOHMH is doing a great job of it, but when it turned out that there was evidence of widespread community transmission and you couldn't actually track where it came from, it went much more to the community mitigation strategy. I think that, in terms of the last couple of months, I know the city has been totally consumed by making sure we had enough supplies. I give the mayor tremendous credit for, you know, being on the phone late at night with the federal authorities, the state authorities trying to make sure we had enough PPE and try to make sure we didn't run out of hospitals face, trying to make sure we didn't run out of ventilators. I mean, it was nightmarish to try to make sure that we had everything. And it was after, you know, the peak turned that we were able to visit another world. But let me ask Dr. Daskalakis about the issue of tracing earlier and was there-- did we miss something there?

DR. DASKALAKIS: So, I think you covered most of it. I think, again, this speaks towards one of the really important observations in public health

which is preparedness is really important. And we were prepared, but when an epidemic becomes a pandemic, we have to shift our resources into more communitywide strategies that work to flatten the curve. Then sort of the movement into that phase happened very quickly in this pandemic. And I think part of it is on the back of some really significant phone those made by the federal government around testing and our inability to actually detect these infections beyond using indirect strategies like our syndromic surveillance. So, I think that, afforded with the opportunity that other countries had of really amazing testing from the very get-go, I think we could have been in a very different place. I am skeptical of whether containment--

SERGEANT AT ARMS: Time's up.

DR. DASKALAKIS: of such an infection is feasible, but I think we would have, legs, had a better shot if we weren't working in the dark because of, again, those sort of CDC fumbles in terms of getting us testing in an expeditious way.

COUNCIL MEMBER POWERS: Well, I'm not going to use much more of your time because I want to be respectful of my colleagues, but I hear all of you

on that. I understand we were in the middle of a pandemic. All I am saying is I think we could have started this process months ago in terms of hiring people up, so, is way lower the infection rate, we had those systems in place to then move into the tracking and tracing program that we're capable of. I think we've lost about a week with this fight that we've had. This public sort of debate that we've had. I'm not saying it's anybody here's fault, but I think we've lost even just a week in that role and that process and we could've started this a long time ago. I just want to ask one more question. What is the role here, you know, of just continued social distancing in the tracking and tracing program and, particularly, you know, if I'm working from home, do I-- am I treated differently than somebody who is like an essential worker? Do they get priority and how does that work in terms of the track and trace program?

DR. KATZ: Well, I'll start and then other can fill in. So, social distancing will remain a critical aspect of this and, I think, even as things open up, the open up, when it happens, I think, is all going to be at least six feet apart

with all of us wearing facial coverings. Even as things open up. I think that, even if you are an essential worker or even if you are a healthcare worker, if you are infected, you need to be isolated. And, in that sense, the rules don't change. It may be easier for somebody who can work from to be isolated at home. Right? It may be less stressful for them and they may not need economic support the way an essential worker may need it, but the rules are the same.

COUNCIL MEMBER POWERS: Okay. All right. Thank you and I--

DR. KATZ: Thank you, Council member.

COUNCIL MEMBER POWERS: Thank you to both Chairs thank you to everybody. Thank you.

COMMITTEE COUNSEL: Thank you, Council member Powers. We will next hear from Council Lander, followed by Council member Ayala and Barron. Council member Lander, after the Chair cues you, you can begin after the Sergeant tells you it's your time.

CHAIRPERSON LEVIN: Thank you, Sara. And over to you, Council member Lander.

SERGEANT AT ARMS: Your time will begin now.

COUNCIL MEMBER LANDER: Thanks so much. This has been a very useful hearing and I appreciate the Chairs and the administration reps and the spirit of both honestly and looking forward. And, personally, as someone who has not been as close to the public health system, I'm especially happy to see Jackie Bray's involvement as I have found her to be one of the most effective people in New York City government just like getting shit done and her position in the operations help give me some confidence. I have some operational questions for her in a moment, but I do want to drill down on just two questions about the past that really have been addressed, but I just want to make sure that we are clear on them. So, first, Dr. Katz, I really appreciate your point about humility. I have gotten so many things wrong myself this year, but I just want to make sure I understand what you said earlier because is a little different from what we have heard from the Mayor, the governor, and certainly from the president. With the benefit of hindsight and, without any intention of assigning blame, do you now

agree that we should have moved to shelter in place earlier?

DR. KATZ: Oh, of course. I can't believe any sensible person looking at those facts wouldn't say that.

COUNCIL MEMBER LANDER: I appreciate you saying that and I think it is useful to be clear. There are quite a few people even looking at the facts, that have not been as clear about it. So, let's leave it there. I appreciate your saying it. And then, Dr. Daskalakis, this really goes to the conversation that you just had with Council member Powers, but one thing City Hall has said on the record is that DOHMH should have been doing contact chase scene earlier. And this was even cited as one of the reasons that the tracing would not continue to be housed there. Even though it is my sense, I really agree both, actually, with both Dr. Katz and you just said. Like once it becomes like so widespread, really the tracing is not meaningful in that period. It sounds like you wish we had been able to rise to it earlier, but that you disagree that it was a fault of DOHMH not to have continued doing it.

DR. DASKALAKIS: So, I really couldn't say it better myself, so thank you. So the answers, from my perspective, is that, given the fact that we were working in sort of a black box of not being able to see really the spread of the pandemic through testing eyes, when it became clear through was strategy to not follow guidance from the CDC, to actually test people who are not just returning from China, but also from other places and with severe duty, by the time we were able to detect to that as cases-- because, as you remember, case investigations mean that you have to find cases. And the only way to do that is testing. So, I think that this amazing upscale testing that you have heard about by so many people will be critical sort of in this next chapter. And, I guess, one of the important lessons, I think, in general, is that public health needs to remain a priority from the perspective of capacity. So, I think that the lesson walking away from this is that capacity matters during peace time and during wartime and so it is really critical to maintain it. So, again, I agree with what you said.

COUNCIL MEMBER LANDER: All right. And I want to thank both of you because I do feel like, ah, you know, I came into this hearing, I'll be honest, very upset about like the sniping and what is in the press and I feel like this. Of like being open to self-criticism and being honest and help-- it really helps us move forward in a much better way. I would love to see that more from some of the people, you know, higher up. I mean, I mean, I'll just say it. I would like to see the Mayor and the Governor-- like the President is beyond hope, but I would love to see the Mayor and the Governor bring some of the kind of like data driven, okay. You can self-reflect and say we didn't get everything right. And that gives us more confidence that we can move forward, actually, in the right way. So, I'm going to move to my operational questions which is about the database. Because like you are trying to stand things up. Like you've got to worry about the hiring and you've got to worry about the contracting and you've got to worry about the tracking and reporting. One thing I've felt to be really hard is getting a good database system in place. So, when I test positive, I guess, I go into a database. Let me just make--

is it and H&H database? When I give my contacts to the contact tracer, do they go in that one or a different one? If I need a hotel room, then, or one of my contacts does, who has the database with the hotel room that matches me when, as Mark said, I need someone to walk my dog? Is that in the same database? And are the people that are going to be doing the walking-- I have read that you are contracting with Salesforce, which I think Shirley makes sense, but I also thought I heard Dr. Katz say there was a pre-existing DOHMH contact tracing system. Is any of that and integrated with New York State or New Jersey or Connecticut? How give me confidence that like you are working on those issues out and this thing, on June 1, when those other [inaudible 02:20:49] are ready, it is going to be ready to stand up?

DR. KATZ: All-Star and then others will follow. I want to first say how great Jackie Bray, since you gave us that opportunity. We're thrilled to have her and she did an amazing job. I mean, she and I were on the phone about ventilators, about PPE, you know 11 o'clock at night, midnight at night. You know, she was phenomenal for us. I think the first

part of your question, though, relates to the data systems, so I will let Ted talk about that and then Jackie talk about how those other services get provided.

DR. LONG: I'll be very brief and then I will turn it to Jackie. So, the information of positive tests is shared from our healthcare providers to estate database under HIPPA public health exemption. Then, actually, the state databases combine with other public health data and made available to our tracers and I will let Jackie explained problematically how that works.

JACKIE BRAY: Yeah. Absolutely. So, as Ted said, is all lab results statewide go into a system called ECLARS. That is the state system. That is shared with all local public health authorities. Our public health authority is DOHMH. That goes into a database called Maven. And Maven attends to the ECLARS data a bunch of other information. Vital statistics, some rio [sic] information, information from the city administrative data, watch is really what helps us get a hold of people. Right? And so, what we're doing is we're building Salesforce in a way that talks to her Maven

so that Maven can push all the data to Salesforce. Once that data is in Salesforce, Salesforce is an intensely powerful software and really first in class on case record management and customer service management. That was important to us. That it wasn't only a good case record management system, but it really had a customer service interface to it. So, once that data is in Salesforce, then all of what we're doing, unless you get moved to a hospital, is in Salesforce. And so, whether or not we need to walk your dog, when that is up and running-- we can't walk your dog yet-- but when that is up and running, if you need meals delivered, that is in there. Did we call you yesterday and check on your symptoms and what were those symptoms and how were you doing? That is in there. Who are your contacts? You are the index case. Who are your contacts? And then, when your contacts become cases themselves and how we see that interrelation is in there. The way that we push out messaging to our cases and our contacts or the people that are in our care is in there. If you end up needing to go from your house to the hotel, whether or not you showed up at your hotel is in there. So, the Salesforce is a really

powerful tool for us. The date of starts at the state, gets pushed in real time to the Maven, pushed in real time to Salesforce. In terms of your question about how we talk to the state, obviously, we understand that contacts in cases are going across county lines. So, the state is using an application called Com Care. Com Care we are building with the state and the ability for Com Care and sales for us to talk to each other so that we will now I am sick, but my father lives in Westchester and, yeah, I saw my father five days ago. That he is now a contact. That is now for Westchester's tracers to pick up to trace him.

COUNCIL MEMBER LANDER: And that is ready now? That will be ready on--

JACKIE BRAY: That's ready--

COUNCIL MEMBER LANDER: June 1st?

JACKIE BRAY: June. So, our build out for our system will be ready June 1. The build out to make sure that we are talking to the state, we can get back to you on an update on that, but the goal is to do that as fast as we can, but I'd want to check with the tech team to give you a date on that.

COUNCIL MEMBER LANDER: Thank you very much.

JACKIE BRAY: Yeah. Of course. And thank you for embarrassing me there.

COUNCIL MEMBER LANDER: You're welcome.

JACKIE BRAY: But I appreciate it.

COMMITTEE COUNSEL: Thank you very much, Council member Lander. We will next here from Council member Ayala, followed by Council member Barron and Ampry-Samuel. Council member Ayala, you can begin after Chair Levine and then the Sergeant cues you.

CHAIRPERSON LEVINE: Thank you, Sara. And take it away, Council member Ayala.

COUNCIL MEMBER AYALA: Thank you. Thank you all so much. I--

SERGEANT AT ARMS: Your time will begin.

COUNCIL MEMBER AYALA: I have to say that I'm really happy that you guys put this together. I feel like I've learned so much, but I also feel like I have a gazillion other questions that I now need to ask. But my first question-- and I'll ask the questions first, I guess, and that if I have to go back and repeat them-- what is the anticipated cost

of pulling something like this off? Is that in the projected budget? Two, is tracing happening citywide initially or are we going to be targeting the hardest hit communities first? I have serious concerns about the cultural competency part of this whole process and what your plan is for ensuring that you are communicating as effectively as possible with communities of color and, specifically, community where we have lots of non-English speaking constituents. And, last but not least, what is your plan for dealing with the mental health issues that, with the social isolation? And I'm happy to repeat.

DR. LONG: I apologize. Dr. Katz has been put on mute because he read logged back and. If somebody could unmute him.

DR. KATZ: Thank you. Thank you so much for on muting me. These are a great, great set of questions that you raised. We want to make sure that we are doing this right. And I will live, on the budget, I will say that this pandemic has taken us to places we never imagined and our attitude is that money can't be our number one consideration. That everything has to be about saving lives. Not to mention, that the economic destruction from the

closure of New York City has been devastating. I know you know this, Council member. The high unemployment rate, the way it is affecting low income people. That, in a sense, there's almost no price that's too high to pay to get the New York City economy back into place because it, in and of itself, will generate the money that will pay for these services. We are trying, in every case, to make sure that it's billable to FEMA. We have people who are FEMA experts. New York City had to deal with super storm Sandy, which I know you were involved in the response of. We have a lot of experts on how to make sure that the claims to FEMA are such that FEMA will be able to pay for it. So, we are going under the assumption that we will have to spend whatever money we have to wear, of course, we are not being reckless. We look to get things at the best price, but we are not using money as a limitation. Can you, Dr. Long, talk about your efforts around cultural competency that are so important to this effort?

DR. LONG: Is. Absolutely. So, there are three things that we're doing for to address the points you are bringing up. The first is that we are working with CBO's to prioritize hundreds of CBO's

hiring tracers from the communities that they will be doing the tracing in. Second, is that we are hiring the resource navigators from the community is that they know well where they will be providing those services. And, as my patients tell me, I need to be able to help them to get what they need at home to be able to successfully isolate. And, third, as we have formed to the community advisory board under Dr. Torian Easterling at the Department of Health. We are already getting some great feedback about how we need to structure the program in order to be culturally sensitive Ativan to involve the communities. The second point you are asking about was mental health and, just to say a word about that, in our hotels, we have a robust mental health program that we have created. And, for those isolating at home, we have built out telehealth to allow them to connect with us, as well. And I am proud to say on the primary care and [inaudible 2:29:05] and outpatient side, we have done more than 120,000 telehealth visits, which is carrying 120,000 people the care that they need to from their home, which includes mental health. And I think that is so important.

COUNCIL MEMBER AYALA: And the question on tracing, is that happening citywide at first or are you going to be focusing on specific communities first?

DR. LONG: We plan to focus on the communities that have been hit hardest so that we can help them as soon as possible.

COUNCIL MEMBER AYALA: And that's my concern. So, then as the conversation with the community-based organizations already but gone? Have those hires already-- you know, people already been hired to do these jobs?

DR. LONG: Yeah. Great question. We now have more than 500 people, many of which are clients from community-based organizations, that are being onboard it today. So, very much in the works.

COUNCIL MEMBER AYALA: And what is the qualification for a tracer?

DR. LONG: The tracer needs to go through a training and pass the test and then, otherwise, we review any application we received. And, you know, in particular, I will say that the way that we review applications, we are prioritizing the

applications that are flagged by community-based organizations.

SERGEANT AT ARMS: Time's up.

DR. LONG: We bring them to the front of the line.

COUNCIL MEMBER AYALA: Thank you.

DR. LONG: Of course.

COMMITTEE COUNSEL: Thank you very much, Council member Ayala. We will next hear from Council member Barron and then Ampry-Samuel and then Moya. Council member Barron, you can begin as soon as Chair Levine and then the Sergeant cues you and, as a reminder to anyone, if at any point you accidentally mute yourself or if you move in itself and need to be an muted, you can also use the raise hand function in Zoom. Thank you. Chair Levine, you can keep Council member Barron.

CHAIRPERSON LEVINE: Thank you, Sara. And, Council member Barron, we look forward to hearing from you.

SERGEANT AT ARMS: Your time will begin.

SPEAKER JOHNSON: Council member Barron, you are unmuted.

COUNCIL MEMBER BARRON: Thank you very much. Thank you to the Chairs--

SPEAKER JOHNSON: Hold on. If you could just restart her clock for her. Thank you.

SERGEANT AT ARMS: We will do that now, sir. Thank you. You may begin.

SPEAKER JOHNSON: Go ahead, Inez. I think we may have lost Council member Barron.

COMMITTEE COUNSEL: We can come back to Council member Barron. Next we will hear from Council member Ampry-Samuel. Chair Levine, please cue her.

CHAIRPERSON LEVINE: Okay. Thank you, Sara. And you're up next, Council member Ampry-Samuel.

SERGEANT AT ARMS: You may begin.

COUNCIL MEMBER AMPRY-SAMUEL: Hi, everyone. Good afternoon. Thanks, Chairs, for this very important hearing. My colleagues already addressed a lot of the disparity concerns that I wanted to touch on. So I just want to lend my voice on a lot of the points that were already made. I have my own personal experiences with testing since March 11th and the level of frustration that it

caused my family-- you know, my colleagues know and I know the administration already knows, but it was a lot. And the other experiences, as a result of representing a district that the city and state and non-prioritize was just another level of frustration. So, when we talk about the numbers of people who tested positive and were hospitalized, I and my colleagues in certain communities were left to guess or assume how many of our constituents were dying in their homes without a diagnosis. So, data in this city can mean many things. Although data should tell an accurate story and give a factual picture, when you manipulate certain data, it can say what you wanted to say. And so, data can be manipulated and interpreted in so many different ways. So, I just want to make sure that, when we are talking about data, we are accurately reflecting what is happening on a community level because we saw what data did not show or what it wanted to show in the past like just in the first eight weeks of the pandemic. So, the rollout of testing and contact tracing of thousands of people in Brownsville and Ocean Hill and Crown Heights in East Flatbush and Bed Stuy is different than a rollout on the Upper East Side. And, Dr.

Katz, you mention culturally-- to make sure that we do this in a culturally competent way. And then, Dr. Ted Long mentioned hundreds of CBO's are working to help with hiring and you mentioned Dr. Easterling's role, but it's not enough to be culturally competent because you have cultures with inside of cultures in certain communities. And so, in my community, you would need to make sure that we have people at the table that can talk about the Tuskegee study. That could talk about what happened with Willowbrook. That could talk about what happened at the Jewish Hospital right here in New York City because these are things that took place during the time when people are still alive and our seniors remember that and know that and talked about that to their grandchildren and their children. And so, culturally competent and is making sure that there are people back can go into the homes and educated into outrage and competent way that talks to the Tuskegee study. And so, I want to make sure back, when we are doing that, we are not just talking about, yeah. We have CBO's that have people of color in them. That's not appropriate. And the fact that we have to ask questions about who has been hired and what CBO's are

you working with is ridiculous to me because, you know, we should know this. The elected officials, the local elected officials should know this information. The fact that I don't know any community based organization within my district that has been part of these calls over the past few days, I think, is a little-- I'm glad were having a hearing, but I just wish that-- or ask that we be included in the conversations moving forward so that we can put some other thoughtful or added value information and input to the conversation to make sure that the roll out is appropriate in all communities. So, again, my colleagues already touched on a lot of the points, but I wanted to add my voice and just put that out there to just make sure that we, the local elected officials, are included.

DR. KATZ: Thank you. And we will make sure of that in both directions. We are open to both your suggestions on who you want to be involved and we will provide the information to you on who, from your district, has already been involved. Thank you.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council member Ampry-Samuel. It appears that Council member Barron is back, so we will next turn to her followed by Council members Moya and then Yeger. Council member Barron, please begin after Chair Levine cues you and then after the Sergeant calls you.

CHAIRPERSON LEVINE: Thank you, Sara. Welcome back, Council member Barron. And we look forward to hearing from you.

SERGEANT AT ARMS: Barron, you may begin.

COUNCIL MEMBER BARRON: Thank here. [inaudible 02:36:24] much. I want to thank the Chairs for having this hearing and the panel for coming and sharing their information. I am the following in the vein of my colleague, Alicka Ampry-Samuel has talked about. She is mentioned some of the historical instances where black and brown communities have not been treated equitably and it has happened even with this pandemic. As she said, we were not in the chain of, let’s say, making sure that we get what we needed, even though our community and many of the underlying conditions caused by the historical racism that we have been subjected to that

we had those conditions. And knowing that we would have large numbers, we did not receive those resources. So, in terms of the ethics and privacy, I am concerned. I am hearing now that you want to develop an app and that this app may be able to have access to people's phones and be able to track where they may have been. In this information, as you are saying, is going to be stored securely and it is not going to be accessible. That does not mean that this information will, in fact, be able to be subpoenaed by other agencies such as the NYPD to be able to gather information that they may try to get advancing in the kind of cases that they may be looking into. And so, black and brown people have the historical knowledge of Henrietta Lacks, of Dr. Sims, of the Tuskegee Institute, and the immediacy of knowing that provisions were not made for us in this beginning pandemic to be able to get the resources that we need. So I don't know that we can expect the data that we said we're going to get from this will be able to be helpful and people are going to be justifiably suspect as so how this information might ultimately be used.

DR. KATZ: I understand and I agree with all of the points that you've raised. I want to clarify just more for our listeners that--

COUNCIL MEMBER BARRON: Thank you.

DR. KATZ: any app would only be if people voluntarily wanted it. We're not going to have any apps that people have not agreed to, but I'm not-- It makes me uncomfortable, I have to say, and we will continue to work with our lawyers to make sure that all information is held to the highest degree. But I fully understand and support your point.

COUNCIL MEMBER BARRON: And in terms of this legislation that's before us, is this mandatory? Because we have seen video of mandatory laws being implemented and Asia where people are tracked out of their houses, where they are forced into being restrained in areas that they may not want to be in. So, is this mandatory and what would be the implications for those people who resisted who don't want to leave and don't want to go to a hotel for whatever their reasons are and that they see this as an invasion of their privacy? There are people who are concerned that this is really a violation of the

Constitution. Yes. We have concerns, legitimate concerns about preventing the spread and we have to do all that we can, but is that a violation of for someone to take those actions that we feel would be beneficial for the larger community?

DR. KATZ: So, absolutely we understand. We want to try to create an environment where people want to be able to isolate and, you know, the first start of that will be, can you isolate in your home? Right? Hotels are not the first choice. Right? If somebody has them, even if they live with other people, it is possible to isolate if there is a room where that person can stay and someone can bring the food and leave it out there, but we will want to make the case to the person that, if that is impossible, that they don't want to put the other people in their household at risk. People don't want to in fact their grandmothers, their aunts, their children. People understand, I think, how serious this is. But I totally agree with you. It has to be done really sensitively and well.

COUNCIL MEMBER BARRON: And for those who decide that they can isolate in their homes, will

they be able to get the same kinds of support services that talked about? Is there care--

DR. KATZ: Abs--

COUNCIL MEMBER BARRON: for the persons that are in their home and they have to be there to make that provision?

DR. KATZ: Yes. Regardless of where the location, the same services will be available to them.

COUNCIL MEMBER BARRON: Okay. I'll be back for the second round of questions. Thank you so much.

DR. KATZ: Thank you so much.

COMMITTEE COUNSEL: Thank you, Council member Barron. We will next year from Council member Moya, followed by Council member Yeger, and then Eugene. Council member Moya, you can began after Chair Levine and the Sergeant cues you.

CHAIRPERSON LEVINE: Thank you, Sara. And I also want to acknowledge we have been joined by our colleague, Council member Carlos Menchaca. And now, Council member Moya, please take it away.

COUNCIL MEMBER MOYA: Thank you--

SERGEANT AT ARMS: Moya, you may begin.

COUNCIL MEMBER MOYA: to the Speaker and thank you to both the Chairs for hosting this great hearing. In particular, I want to thank Chairwoman Rivera who was instrumental in helping get some much needed PPEs to Elmhurst Hospital, the hospital that I represent which really is the epicenter of where this has all been happening. So, thank you, Chairwoman for your kindness and thinking of us here in this district. My question really goes to the heart of what's happening in my area. As I said, I represent Elmhurst Hospital, ground zero here, but it's also a large immigrant community. Then when we start talking about the technologies that are coming in here-- you know, and I'm sorry if someone has asked this before, but I stepped out for a second. About why-- will there be clear and enforceable prohibitions against the use of individual or aggregate data for profit or any other purposes beyond protecting the public health? If there is, can you please explain those prohibitions? Will any of the data also be shared with any other entities? For example, the NYPD, law enforcement agencies, including ICE, and what, if any, will the NYPD play and monitoring the spread of COVID and what is going

to be done to ensure that that data is not shared with federal agencies, including ICE?

DR. KATZ: Thank you, Council member. Let me start by thanking you for always supporting Elmhurst. And I think the recent events show wide public hospitals matter. Right? That in that wide, central Queens, Elmhurst was the one that people went to because it was there, because it was trusted, because people know that they are not going to be discriminated against because of their immigration history words they are homeless or if they are poor. That nobody is going to look down on them and that they can rely on that. And, if it weren't for people like you the support hospitals like Elmhurst, it would not have existed. Public hospitals have gone away in other places. We are absolutely committed that none of the data that is collected will be shared. We are working with both City Hall law and the lawyers for H&H to be sure that the data is the fullest protection of the law. We will not share that data and we certainly will not sell that data. And DOHMH, which will hold the data on people who are positive, has a long, proud position of protecting the confidentiality of that data. Of not selling it,

not using it against people. You have 100 percent of our, you know, effort will be meant to protect that data.

COUNCIL MEMBER MOYA: Okay. And, just lastly, since-- going back to tracing-- because the spread so quickly, what are the modifications or what modifications are being made for how you are going to monitor this tracing, right? Because it is like nothing else, right? So you could be standing next to somebody and you could get this as opposed to other viruses that we've seen before. So, what are the modifications that are being made to deal with something like that.

DR. KATZ: I'm going to let Dr. Long and then Dr. Daskalakis talk about their models, but I just agree with you, wow, boy, it's difficult. Right? Such an infectious organism, still not even 100 percent clear, right? And one of your colleagues referred to this, Council member Holden, right, first it's six feet, then someone says, well, maybe it should be 10 feet. Someone says, you know, it's 10 minutes of, you know, contact. Someone else says it's 20 minutes of intense contact. You know, really, we are continuing to learn about this. So,

what are you, Dr. Long? Dr. Daskalakis? What are you thinking?

DR. LONG: Yeah. I'll start and then I'll turn to Dr. Daskalakis. So the first part, we're continuing social distancing to prevent people from getting infected, but in concert with that, how we're doing tracing is we're identifying people if they have been in close contact with and we're doing that together. Bringing together all of the recent evidence about who exactly close contact should be. And that's a cornerstone of the operation. I'll turn to Dr. Daskalakis, if he wants to add more onto that.

DR. DASKALAKIS: Yeah. I think, just briefly, I guess, more echoing than anything is that contact tracing, it does not exist in isolation. And so the, sort of, notion that all the sort of mitigation efforts that have already happened will need to be maintain. It doesn't mean that closures have to be maintained because that would not really be feasible. I think, really, it's about the sort of, you know, new society that we created in the setting of this pandemic where folks will have to maintain physical distance and not social distance, per say, because we want them to interact. And then,

also, you know, face coverings, hand hygiene, and all of the other pieces that need to fall in place. So, I think, really, we are going to be looking at a very different way that we are going to live, but a way that will allow us to open. So, I think, that is where contact tracing comes really critical. That, along with the sword of evolution of what mitigation looks like, contact tracing really gives us the opportunity to really hanker down in areas to try to, even further, reduce transmission. So I think your point is really, really important and this is not like a virus that we really take lightly. We know that it is highly infectious and that every tool in the toolkit is going to have to be used. And I hope-- and not to sort of be too optimistic-- but I really hope that one of the tools in the toolkit will eventually be a vaccine when these interventions will be able to take over these other non-pharmacological interventions that have become such a fabric of our existence around the pandemic. So, really, again, an important string, an important piece of that fabric now is going to be a contact tracing, along with all of the other things that will scale it back and scale it forward depending on what the pandemic shows us.

COUNCIL MEMBER MOYA: Okay. Thank you.

COMMITTEE COUNSEL: Thank you very much, Council member Moya. Next will be Council member Ritchie Torres followed by Council member Yeger and then Council member Eugene.

[Background comments]

COMMITTEE COUNSEL: Council member Torres, wait until Council member Chair Levine cues even in the Sergeant cues you next.

CHAIRPERSON LEVINE: Thank you, Sara. And I am pleased that we have a lead sponsor of the legislation that we are considering today that would mandate important reporting about contact tracing. Council member Torres. And we will cue you for your questions and comments. Please.

COUNCIL MEMBER TORRES: Thank you, Mr. Chair.

SERGEANT-AT-ARMS: Torres, you may begin.

COUNCIL MEMBER TORRES: Thank you. I just have a few questions just for the administration in general. When did the administration learn about the outbreak of SARS-COVID-2? When?

DR. KATZ: You know, it's funny how the last two months are just like some crazy were very

day is the same. The first case in New York City was an January-- or was March 1. I remember in January receiving the call from Howard Zucker about the pandemic in Wuhan and New York City, both the Health and Hospitals and DOHMH stood up their emergency operations mid-January.

COUNCIL MEMBER TORRES: So, mid-January, you were aware of an outbreak of the novel: a virus, correct?

DR. KATZ: Yes.

COUNCIL MEMBER TORRES: And at what point did you realize that this was a virus that could spread via respiratory droplets person-to-person? That it was highly infectious?

DR. KATZ: I'm going to ask Dr. Daskalakis and I'll come back. Can you say little bit more about the earliest parts? I think, in the earliest parts, it was less a healthcare issue and I was less involved in some of it.

DR. DASKALAKIS: Sure. I'll take us back a bit in January when we first heard about the first 41 cases that were reported in Wuhan. One of the sort of clear observations that were made at that point were that all of the cases, at least based on

law was released from China, that all of them were tightly associated with exposure to a wet market in Wuhan. Soon after that we started hearing about potentially person-to-person transmission and in exportation. So, first it was this is likely something that is called a zoo nosis [sp?] which means something that potentially goes from animal to human. The thought was-- at least early observations were-- then this was really not something that was spreading person-to-person. That was probably mid-January that the conversation was still around the six closure. The next phase of was that we heard about exportation. So, remember-- well, I can't remember the date, then I remember hearing about exportation to Japan and other parts of Asia. And then, soon thereafter, we started to hear about local transmission. And that sort of brings us back to the times when-- I want to say it was mid-February. I'd have to look again. But when that first case in the US was reported in Seattle, I was also on exportation and that was related to travel in China. And so, I think, that, as Dr. Katz said, part of this is really around humility and I think we, the entire world, was learning more about this as it was

happening and so, really, member really getting sort of the word from--

COUNCIL MEMBER TORRES: I'm sorry. Am I on a clock? I don't see the timer?

DR. DASKALAKIS: I'm sorry. I think I made my point?

COUNCIL MEMBER TORRES: Am I on a clock or--?

COMMITTEE COUNSEL: Yes, Council member. You have about a minute and a half left.

COUNCIL MEMBER TORRES: Okay. Well, that-- I didn't realize I was on a clock. I apologize. It just seems to me that, if we have known since January that there is a new virus that is highly infectious that spreads through respiratory droplets, if we had that knowledge since January, and we have undertaken mitigation so smart, why are we only beginning the process of building contact tracing capacity in May? Like if we knew that there was a highly infectious virus that, A, spread widely and rapidly and has the potential to strike New York City with catastrophic consequences, if we knew that back in January, February, even March, why are we beginning the process of building a contact tracing team? We've

always known that after mitigation, we would have to revert back to containment. So, I just don't understand why we're having this conversation in mid-May. That is my frustration with the administration's response.

DR. KATZ: I think, but DOHMH was doing excellent contact tracing in February, March, and on work.

COUNCIL MEMBER TORRES: How many contact tracers did we have back in March?

DR. KATZ: Dr. Daskalakis?

DR. DASKALAKIS: Yeah. So, we had about 100 contact tracers who were working on this and that is the number that we had at the Department of Health. And there has been since an increase.

COUNCIL MEMBER TORRES: Look, I'm not an epidemiologist, but it seems clear to me that 100 disease detectives are epidemiological investigators were never going to be enough for post mitigation contact tracing, seems to me. So, I'm just frustrated by the slow nature of the ministrations response. I know I ran out of time, but--

SERGEANT AT ARMS: Time's up.

SPEAKER JOHNSON: Council member Torres, I just want to just follow up really quickly on the point that you made. You know, Dr. Katz, I know that, at least Council member Levin-- and there may have been others-- were saying at the beginning of March along what Council member Torres was saying. Higher up more contact tracers. Higher up more contact tracers. We're going to need it. So, why was it that done, basically, what Council member Torres is asking. Why didn't we continue to build capacity over the last two months?

DR. KATZ: I'll again ask Dr. Daskalakis. My understanding is that we have hired additional disease detectives during that time and that, now, we're trying to gear up for a whole new size effort. But, Dr. Daskalakis, can you talk about what you are able to hire?

DR. DASKALAKIS: Yeah. So, we now have on board 200 disease detectives, some of home will be going over to Health and Hospitals, seconded over there to do this effort. So I think, again, it speaks to a really important notion that an investment in public health is a very important investment and that, during peacetime, what happen

very often with public health is that it sort of get right sized. And so, I think that it is really important in this conversation I remember that, making sure that public health is appropriately resourced is critical of the able to achieve the goals. And so I think this is a pandemic that we have not experienced anything like this really since 1918 and one of the really sort of significant issues that hamper this really was the fact that we did not have early detection. And it goes back to the fact that, again, we had lots of fumbles from the perspective of the federal government rolling out testing, a lot different than places that used containment efforts early on like Korea. So, I think that looking at the history, unfortunately, I think a lot of the story of the pandemic in the United States can be told really from the perspective of missteps on testing and rollout across the country.

SPEAKER JOHNSON: We're going to have another round of questions, Ritchie, if you want to hang on. We will come back for a second round. Committee counsel, who is next? I believe it is Council member Yeger or Council member Eugene?

COMMITTEE COUNSEL: Yes. Thank you, Mr. Speaker. Next we have Council member Yeger followed by Council members Eugene and Reynoso. Council member Yeger, you can begin after Chair Levine and the Sergeant cue you.

CHAIRPERSON LEVINE: Thank you, Sara. And now we'll be hearing from Council member Yeger.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER YEGER: Thank you, Mr. Chair. Thank you, Madame Chair, and Dr. Katz. And, ladies and gentlemen, thank you very much for being here. Good afternoon. First of all, I do want to thank the two Chairs and, eventually, it frequently happens that, when Chair Torres us questions, he can elicit more information in the five minutes that he is allotted then you get in the two hours before he got here, before he spoke. And I really appreciate that. We really hadn't heard about some of the challenges in the delays and why we are starting, but I'm going to focus on where we are now and where we move forward. And we've heard a lot and we've read a lot over the last couple days in particular. I just want to say, at the beginning, couldn't agree more with Madame Chair who mention this. Mr. Speaker

mentioned this. That it is sad and unfortunate that the last few days we have seen things in the press and I'm going to reflect on what I've seen. I think it is unfortunate to DOH spend its time plan team misleading information in the press about HHC's operations. That hasn't been said. That is only as I am saying and I am saying it because I think that is what happened. If one were to arrive here that today from a different place and a different time, you would be able to forgive them for believing that, perhaps, the Mayor has chosen, say, the Department of Transportation or the Environmental Control Board to manage the tracing program in the city. What he actually chose is the Helping Hospitals Corporation. I just want to ask a few quick questions, Dr. Katz. You hold a medical degree?

DR. KATZ: Yes, sir.

COUNCIL MEMBER YEGER: Okay. Are you licensed to practice medicine in the state of New York?

DR. KATZ: Yes. And I to practice at Gouveneur.

COUNCIL MEMBER YEGER: Okay. Is the Health and Hospitals Corporation the largest municipal Hospital Corporation in the United States?

DR. KATZ: Yes.

COUNCIL MEMBER YEGER: How many people do you employ there?

DR. KATZ: About 35,000.

COUNCIL MEMBER YEGER: How many people, do you know, are employed by the Department of Health, if you know?

DR. KATZ: I would have to ask them, sir. I don't know that number.

COUNCIL MEMBER YEGER: I am told it is 6000, but--

DR. KATZ: Sounds correct. In the ballpark.

COUNCIL MEMBER YEGER: I also understand you have a budget of approximately 1 billion dollars. Is that correct?

DR. KATZ: That is correct.

COUNCIL MEMBER YEGER: Department of Health, I understand, has a budget of about a billion and a half dollars. You operate dozens of hospitals

and community health facilities in nearly every neighborhood in the city. Is that correct?

DR. KATZ: Yes.

COUNCIL MEMBER YEGER: Okay. So, I think that some of the conversation has been lost because we are choosing to focus on some kind of political thing of, perhaps, the Mayor did this, that, and the other thing, versus the fact that the largest hospital Corporation in the United States, possibly the world, the municipal Hospital Corporation, has been tasked with this monumental task. And some of what I've been hearing about the concerns that members have-- for example, food. You have dozens of cafeterias around this city. Laundry. You own dozens of laundry mats in this city. There is, I don't think a single city agency that owns as many cafeterias and laundry mats as you do. You own your own pharmacies. So, the notion that, perhaps, you are the wrong entity to be managing this Herculean task, I think, is misplaced. And I don't think most members are saying that, but I do think that somewhere in the reporting, it has been indicated that this is something other than what we are seeing. Which is simply that the mayor looked at the task and

said HHC is the right place for this. And that is the choice that he is going to make because he is the chief executive of the city. Do you feel comfortable that HHC can do this job?

DR. KATZ: Yes. In collaboration with DOHMH. Absolutely.

COUNCIL MEMBER YEGER: Okay. And that is an important point that you are bringing up, Dr., because DOH is not shutting down and going away. They are being part of your operation. In fact, they are being integrated into your operation, as you have testified earlier today. Is that correct?

DR. KATZ: Correct.

COUNCIL MEMBER YEGER: Okay. And you're bringing over some people to actually manage, from within your Corporation, the work that they're doing to kind of really seamlessly integrate it together.

DR. KATZ: Yes.

COUNCIL MEMBER YEGER: Okay. I appreciate that. You know, I wanted to make sure that this information is really out there and it is clear and unquestionable fashion as possible so that this conversation of the wrong choice really dissipates and so you can really get on with the work that you

have to do because it is a Herculean task and there are going to be thousands and thousands of lives affected by your work and I would very much like to get out of your way so you can do your job. And I intend to do so. I have a quick question in the last couple of seconds. You can take as long as you need to, but I just want to make sure. Councilman Torres has a bill that is being heard today, pre-considered introduction, and I haven't really heard you reflect on it too much and I just want to make sure that you get a chance to do so. But it requires the daily reporting of the stats as you come up with it. I like that. I just want to hear if you are comfortable that daily is something that you can do--

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER YEGER: well and without hindering the work that you're doing or is it something different or do you have any thoughts or ideas on it?

DR. KATZ: Yes. And I appreciate all of your comments. I would like a little bit more time on the daily. And there may be a modification of daily. Even some of the data we provide now daily is a day or two lagged because you don't actually have

the data always in real time for the number of infections. I mean, I'm positive we can do it weekly. I think we may be able to do it daily if we are allowed some lag. I just don't want people to think that this is as simple as a scoreboard and somebody, you know, it's the home run and you have a little one on the scoreboard.

COUNCIL MEMBER YEGER: All right. Well, doctor, my time is up. So, again, just want to thank you and your team for what you do and for being here today and to thank, Mr. Chair and Madame Chair for their work leading this important inquiry today. Thank you very much, Mr. Chair and--

DR. KATZ: Thank you.

COUNCIL MEMBER YEGER: Madame Chair.

COMMITTEE COUNSEL: Thank you very much, Council member Yeger. We'll next hear from Council member Eugene followed by Council member Reynoso and then Maisel. Council member Eugene, please wait to be called on by Chair Levine and then by the Sergeant.

CHAIRPERSON LEVINE: Thank you, Sara. And please we will now hear from Dr. Mathieu Eugene.

COUNCIL MEMBER EUGENE: Thank you--

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER EUGENE: Thank you very much [inaudible 03:03:07]. Can you hear me?

CHAIRPERSON LEVINE: Yes. Please.

COUNCIL MEMBER EUGENE: Thank you very much, Mr. Chair, and thank you to both of you Chairs and think you also to the Speaker and all the participants. Dr. Katz, I remember in the last public hearing we had, I raised my concern about the ability of the health system in the city of New York to end all the crisis. The coronavirus crisis. COVID-19 crisis because I mentioned, if you do remember, that I believe we didn't know enough about this new virus and these crisis that we are facing now is an all borough crisis in our ability to overcome it depends on many factors. Among them is our knowledge of the behavior of the [inaudible 03:03:57] of the virus. My question is what is been put in place for the city of New York to continue for the doctor, the researcher, the scientist in New York City to continue to do research to learn about the virus and to discover the mystery of this letter is in order for us to really be able to endure the situation?

DR. KATZ: Well, Council member, you are so right that we have learned so much. There is still, I'm sure, what we don't know. We are lucky, as New Yorkers, that we live in a city full of brilliant researchers, amazing university, amazing health systems, both public and private, who have, in fact, taught us quite a lot about this virus. I won't give one example is that the practice of proning, which is putting somebody facedown to improve their oxygenation was something that was discovered in a New York City hospital, so, you know, I think we do, as you had so presently said, when you said it, it was so true. And circumstances have proven how right you were, Council number, that there is a lot that we didn't know. I do think that Health and Hospitals did well and that you should be proud of your public system and you should be proud of DOHMH for what we have done in the absence of knowing everything that I wish we had known.

COUNCIL MEMBER EUGENE: Thank you very much, Dr. Katz. And I know am very proud of the health system and I'm very proud of all the doctors and nurses and wonderful skill of practitioners and doctors that we have. We are fortunate to have a

system like this. My other question is this. That we know about this crisis is an all borough crisis, unprecedented crisis that requires all of us to work together to overcome it. To use everything that we have to make sure that we overcome this crisis. But the thing is that the majority of the hospital [inaudible 03:06:01] and before the crisis, there were many other patients that were suffering from critical disease, various disease that we are in need of critical medical care. Could you tell us about the ability of our health system to provide those people who are suffering from critical disease prior to the crisis? What was the ability that the system was able to provide them with their critical medical care that they were entitled to?

DR. KATZ: Well, Council member, thank you so much for raising this issue. This is a huge problem in New York City and in all other localities where we believe that people have been staying home despite being ill for fear of contracting COVID. We have, and all our hospitals-- and I know the private hospitals, as well-- we have maintained areas that are non-COVID so that we can, you know, of happy moments like the delivery of a baby. Children can

come and get immunized. People who are having strokes or heart attacks can feel comfortable coming, the people are frightened and they are staying home and we do think that it is having a negative health impact. We are, as a city, preparing to do some more public service announcements about the fact that all of the hospitals to have safe areas. That people should not, you know, neglect themselves and we're trying to do as much through phone visits as we can. As Dr. Long says, I see my patients by phone now. So, we're trying to meet the need. But I'm so glad you raised to this, so that it is in public consciousness.

COUNCIL MEMBER EUGENE: Thank you, very much, Dr. Katz. But, you know, but always concerned about the ability of New York City to endure crisis, including a contagious or infectious diseases [inaudible 03:08:02] and contamination of people when there is a crisis because we remember Sandy. We remember--

SERGEANT AT ARMS: Times expired.

COUNCIL MEMBER EUGENE: But my comment is probably if we create stand-alone hospital, we would be in a better position to endure the situation. Do

you believe that we should create a standalone hospital to prevent the infection, the contamination of other staff in the hospital and other patients in the hospital?

DR. KATZ: I think it's the right idea, but it proved that New York City had so much COVID at a point, that it was extremely hard. I know the Javits Center opened with the idea of being COVID negative. The ship that came from Department of Defense opened with the idea of staying COVID negative and they found that, because of the testing issues that other people pointed out, the fact that we have not had enough rapid testing and there was so many people who were infected, that it proved impossible. But I would like to think, Council member that your point is still correct. The once we get to a point where we have rapid testing and a sufficient capability and-- if we had only have done in January and all would have been different. But once we have it, we will be able to keep places standalone that are COVID negative.

COUNCIL MEMBER EUGENE: Thank you. My time is up? Oh. My last question is now we are seeing that there is manifestation of a very rare

inflammatory syndrome in children. Could you talk about that in order for the panel to have a better idea of the situation and that can be aware of the preventative measure to be taken?

DR. KATZ: Well, thank you for raising it. We have seen, in the last few weeks, the emergence of an inflammatory system disorder in children that affects multiple systems. It is not well understood. One possibility is that it is a post infection manifestation, because a number of the children were negative on the nasal swab, but had antibodies for COVID. We know it occurs in the setting of COVID. The most important message-- and thank you so much, Council member, for raising it, is that parents know that if they have a child, especially with a high fever or a rash, that they should not delay. They should call their pediatrician. If they don't have a pediatrician, they should go to their nearest hospital or they should call 311 to speak to a physician and that physicians need to know that this is a reportable disease to the Department of Health and Mental Hygiene and that these children do respond to treatment and treatment matters and it needs to be

quick. So, thank you again, Council member, for raising it so that we can of parents and doctors know the right thing to do.

COUNCIL MEMBER EUGENE: Thank you very much, Dr. Katz, and I want to thank all the first responders. All those wonderful people who put their life in danger to save lives and help us overcome this crisis. Thank you to all of you. Thank you.

DR. KATZ: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council member Eugene. We will next be hearing from Council member Reynoso followed by Council member Maisel and then Levin. Council member Reynoso, you can begin as soon as Chair Levine and then the Sergeant cues you. Thank you.

COUNCIL MEMBER REYNOSO: Thank you.

CHAIRPERSON LEVINE: Thank you, Sara. And we now look forward to hearing from Council member Reynoso.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER REYNOSO: First, I just want to say that you will hear some noise in the background. It’s my kid listening to his music. Again, I’m on babysitting duty on my wife does work.

Mental health. Video mental health conferencing from the home is something special. So, I'm just not going to show my face, but, Dr. Katz, just want to say it's nice to hear from you. It's nice to see you. It's nice to see all the friendly faces of folks that are working so much and I haven't seen in quite some time. I wanted ask some basic questions and then get to his statement at the end, but I just want to ask would you consider yourself to be one of the top advisers to the Mayor during this crisis or this pandemic related to health-- any health concerns or any health advice that he has needed?

DR. KATZ: Yes. I think that there have been five physicians that he has relied on for advice and I was one of the five.

COUNCIL MEMBER REYNOSO: Does the Mayor confide in all five advisors equally or is it like a group setting or is it like one do all end all?

DR. KATZ: Almost all of our conversations were in group settings on phone calls. Dr. Barbot, Dr. Daskalakis, Dr. Henze Perea, and now Jay Varma joined us. So a typical thing is a new fact, something that was in the literature, some question would come up and the Mayor would ask-- and

what I think was a very positive productive way-- what do the doctors think? And I think about 85 percent of the time we agreed. I think sometimes we disagreed and I think that facts have shown that sometimes each of us was right and sometimes each of us was wrong.

COUNCIL MEMBER REYNOSO: Right. So, you've already stated it before, but you talked about being humble, Dr. Katz, and it's just something that seems to be far and away-- one of the virtues that our Mayor seems to hold in this pandemic at this moment. Can't seem to take the time to recognize that, you know, infighting on whatever it is just needs to go to the wayside and we just need to get work done. But it seems like there are five advisors that all have some value and some level of advice that they give to the Mayor and it seems like almost, you know-- we're foreshadowing the scapegoating of this whole pandemic to Dr. Barbot and I'm extremely concerned about that and I your appointment to the head it is more so just laying down the foundation for that action as opposed to if it'd been a purely professional decision made by the Mayor or medical decision to make H&H in charge. And it's tough right

now because we can't tell the difference between the professional work that the Mayor is doing in the political work that he is doing at this time. So, I just want you to know that any concerns or conversations that we are having about the capacity that H&H or you might have to handle this crisis is not what we are questioning. It's just the intentions or the foundation by which you and H&H, being the leads on this is-- how we got here thought is that question. But so I just want to say that it seems like there've been five people that are talking. And then, some decisions, you said 15 percent, you disagree, which means, in some cases, some people were right and in some cases some people were wrong across the board. We could say that the blame was across the board, you know, being a woman of color in an administration is a difficult thing to be and I just want to say that I'm being very conscious of the fact that I feel like there is a public display of discontent for Barbot, so much so that the Mayor, during a pandemic, is not communicating on a daily basis with his health-- his leading health expert. Just thinking about that really scares me about what he is doing, which,

again, I think, is a nonprofessional thing to do. In a pandemic, you should be talking to Barbot every day. But on the political terms, of course, it is something that is not doing. And the last thing I wanted to-- So, I guess, knows my statement. I wanted to know who these five people in a room were. And was she the only woman in the room? Is she the only woman out of these folks talking?

DR. KATZ: Well, again, I don't want to say that all of the people advising the Mayor were the doctors.

COUNCIL MEMBER REYNOSO: No. But these five. These five, Dr. Katz.

DR. KATZ: The five of the doctor voices, but there are--

COUNCIL MEMBER REYNOSO: They're all men, except her.

DR. KATZ: Four men. Yes.

COUNCIL MEMBER REYNOSO: Okay.

DR. KATZ: That would be true.

COUNCIL MEMBER REYNOSO: All right. Thank you. And then, my big concern with the tracing-- and by the way, Jackie Bray, the utmost confidence of the work that she can do and I'm very

happy to know that she is on and she's doing this work. I do not want to be in her shoes. I do not want to be in Dr. Ted Long's shoes. This seems like a logistical nightmare and I don't wish it upon anyone, so I really want you to know that, as an individual Council member, anything I can--

SERGEANT AT ARMS: Time's expired.

COUNCIL MEMBER REYNOSO: do-- I really want to be helpful, but I want to be careful about locating every single hotel room and neighborhoods of color exclusively. I'm very concerned about the fact that, when you guys start renting out rooms for this contact tracing, they will be put in neighborhoods of color that have been already been hit and, in turn, can be dangerous for those neighborhoods. I want to make sure that, you know, some places and Manhattan-- maybe the Ritz-Carlton has some rooms. I'm not sure. But I just want to make sure there is equity built in to where you're isolating people relating to hotel rooms.

DR. KATZ: Understood. Thank you.

JACKIE BRAY: Most of our rooms are in Times Square.

COUNCIL MEMBER REYNOSO: Beautiful.

JACKIE BRAY: I hear you loud and clear.

COUNCIL MEMBER REYNOSO: I would love to get a list of--

JACKIE BRAY: I hear you loud and clear.

COUNCIL MEMBER REYNOSO: of those hotels, Jackie. That would be great.

JACKIE BRAY: Understood.

COUNCIL MEMBER REYNOSO: All right. Thank you. Thank you so much, Chairs.

COMMITTEE COUNSEL: Thank you very much, Council member Reynoso. We will now hear from Council member Maisel, followed by Council member Levin and then Menchaca. Council member Maisel, you can begin as soon as Chair Levine and then the Sergeant cues you. Thank you.

CHAIRPERSON LEVINE: Thank you, Sara. And over to you now, Council member Maisel.

COUNCIL MEMBER MAISEL: Thank you very much.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER MAISEL: Thank you very much, Chairman. When I got elected to public office about 15 years ago, nobody ever asked me if I was going to be an expert on a pandemic or public health

and this has been a very enlightening situation. This committee hearing as and wonderful, so I thank you for that. I only have some logistical questions because most of the questions have been asked. I'm curious about how these hotel quarantine is going to work. For example, are people going to be assigned to hotels, motels-- who cleans the rooms? When food is served, who picks up the food? Are the hospital people, are they going to be trained? How do we prevent people from leaving the rooms so that they don't infect other hospital guests? Hotel guests. It seems to me that there is a very easy way to contaminate a lot of other people if the people don't stay in their rooms. And, if you've ever been to a hotel or motel, you know, there are small rooms. You know, it is not like you can spend your entire life there. The hotel might sound like wonderful, but not so much. So, I'm really concerned about the staff of the hotels. How do we maintain people and make sure that they stay there, make sure that life is not intolerable? And I'm not so sure that we shouldn't have these rooms closer to the communities where people live. After all, we are isolating them to begin with. Maybe they should be closer to the

communities where they actually live. So those are my questions and hopefully I'll get some good answers.

DR. KATZ: Council member, those are all good questions. Let's turn to Jackie to talk more about the program.

JACKIE BRAY: yeah. Absolutely. So, we supply all of our staff and hotels with appropriate personal protective equipment. People of gowns and gloves and masks and face shields as required by the work that they're assigned. In laundry and cleaning-- so, if someone is isolating, it's not like there's going to be someone coming into the room every day to clean the room. Right? It's not like a regular hotel stay, but there is significant cleaning upon the turnover of that room and laundry is placed outside the room and it's picked up and it's handled appropriately. Food, as well, handled by folks who are wearing protective equipment and know what they are doing and know how to take all infection control protocols and processes and we take that really seriously. In terms of where the hotels will be, you know, we, as we scale this program up, what we're going to really do is listen to the folks who are

going into those hotels, right? So, folks are more willing to isolate at a hotel closer to their neighborhood, we will absolutely be offering that. If folks want to isolate at the nicest hotel we can find for them, you know, I said to the team we've got to find nice hotels. Really nice hotels because this has got to feel comfortable for everyone. And so, we will cater. There will not be guests in the hotel when we are using it. We will rent out the full hotel so that we're operating the whole hotel.

COUNCIL MEMBER MAISEL: Excuse me.

JACKIE BRAY: And we'll bring in our own staff.

COUNCIL MEMBER MAISEL: Is the city paying for these hotels now? The 1000 rooms that we have, are we paying for them now?

JACKIE BRAY: We are. Yes.

COUNCIL MEMBER MAISEL: Okay. So, that's an expensive proposition, just for that alone.

DR. KATZ: We do think that--

JACKIE BRAY: So, obviously, every--

DR. KATZ: there will be a FEMA reimbursable expense. That's our hope.

JACKIE BRAY: That's right.

COUNCIL MEMBER MAISEL: And the last thing I wanted to mention is that the committee report does not indicate-- or indicates that the first contact with the virus came from China, but there's no mention that we have been infected by people coming from Europe. And I think the committee report should recognize that Europe is the point of contamination for the city, not necessarily China.

DR. KATZ: I think the epidemiology supports that.

COUNCIL MEMBER MAISEL: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council member Maisel. We will next hear from Council member Levin followed by Council members Menchaca and Rosenthal. Council member Levin, you can begin as soon as Chair Levine and then the Sergeant cues you. Thank you.

CHAIRPERSON LEVINE: Thank you, Sara. And now over to you, Council member Levin.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER LEVIN: Thank you, Chair. Hi, everybody. So, the first question I want to ask is about technology. I've spoken with Google a couple of times on their Bluetooth technology

proposal. I know that they are continuing to work on that. Dr. Mama, you made reference to that you guys are considering it, but you are not putting too much stake into that technology. I do think that it is important to strongly consider it and see how it can be used as part of the constellation of efforts to support the contact. The actual physical traditional contact tracing efforts. I think, not in any way to supplant that, but to bolster it. And so I just wanted to get a sense of where you guys are with that because I think it can be very helpful in this effort.

DR. KATZ: Dr. Varma? Are you on mute?

COUNCIL MEMBER LEVIN: Or anyone?

JACKIE BRAY: Jay, you're on mute. Can we get Doctor [inaudible 03:24: 06]

DR. VARMA: No. No. They need to unmute me, as well. I'm sorry about that.

COUNCIL MEMBER LEVIN: Okay.

DR. VARMA: I lost the train of thought. Can you repeat the last part of that quickly?

COUNCIL MEMBER LEVIN: Just where are we on the Bluetooth--

DR. VARMA: Yeah.

COUNCIL MEMBER LEVIN: effort--

DR. VARMA: Exactly.

COUNCIL MEMBER LEVIN: I guess, I'll just point out, I have an iPhone. Everyone probably that is on this call have either Apple operating system or Google operating system and so--

DR. VARMA: Yeah.

COUNCIL MEMBER LEVIN: I realize that that doesn't account for 8.5 million people in New York City, but it account for a lot and anything that we could do to help--

DR. VARMA: Yeah.

COUNCIL MEMBER LEVIN: the situation--

DR. VARMA: Exactly.

COUNCIL MEMBER LEVIN: It will hurt anything.

DR. VARMA: No. So, basically, I'll give a little brief background about how the technology works which is that the way the Apple Google app is based as it is based on the principle of something proximity and duration. So close you are to other people and how long your proximity within that distance. In the ideas that, if I have a device and you have a device then we both have our Bluetooth on

and we both have the software Inc. and do it, that it would be able to register that we were close contacts of each other. The problems with it, as it is currently designed or that it currently requires you to have two apps authenticated on your-- installed on your phone. One is this Apple Google app that, you know, comes from them. In the second would be an app that comes from, say, public Health Authority. Select New York City. And the reason you need that second app is you can't have a troll that would say, I have this disease, you know, when they don't really have it. In the future and in a few months from now, Apple and Google are selecting these-- the software, their component of it, to be incorporated into the operating system, so either android or iOS.

COUNCIL MEMBER LEVIN: Got it.

DR. VARMA: But to get the results from all of those challenges that will happen. And our goal would be that, if there does appear to be uptake, to allow us the ability to use that information, as well.

COUNCIL MEMBER LEVIN: Right. But we have to design or we have to work with the state to design an app. And so, my recommendation would be to

outsource that. Spend whatever it cost. 750,000? 1 million dollars? To get a good app developer to build out an app for the public health agency-- that would probably be the state because it's got to be a back kind of overall public health agency. But have the app built down. It's nothing that we have to spend any time doing other than just making sure that it is done correctly, but have an app built so that when-- Google and Apple are going to be-- you know, their integrating system for downloads should be in the next couple of weeks-- it should be by the end of this month. I think their next upgrades will be later in the summer that will do it automatically. But, you know, there is a-- if done in a way that really encourages people and is a public facing thing and everyone gets behind it, I think that it could be helpful. It certainly could be hurtful. And then, before my time runs out, this other technology that we can also use-- and that is GIS technology that can do all sorts of other things that identify hotspots, to identify movements and other types of chains of transmission. And I want to just make sure that we are really putting a lot of resources into coordinating--

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER LEVIN: within our city agencies and with GIS systems and other, you know, GIS practitioners to really utilize GIS technology as much as possible. This city has been very well served by GIS technology for the last 25 years, mapping the entire city. It helped us rebuild after 9/11. It helped us in every day in New York City's health by GIS. And I just want to make sure that we are doing that on a large scale and that it is not, you know, just like a small effort as part of this. You know, that it gets the attention that it deserves.

DR. VARMA: Yeah. So, just very briefly, you are absolutely correct about the importance of analytics. So, just to get for the Apple Google thing, you are absolutely correct about the way it can potentially be helpful. We just don't know the number of people. And I'm also quite hopeful that we wouldn't actually have to develop much ourselves because sales force, which as Jackie described before which is going to be our sort of overlay and master, you know, management system for this is also being used by a number of other local and state

jurisdictions. And so, they were going to have to build those types of APIs, those types of interfaces for this, as well. We're going to be okay in that sense. And then, second, you are absolutely correct about data analytics and the DOHMH team. Demetre and other people can describe. They have an incredible analytics team. Some of those star analytics people are going to be working on this team here and then, Jackie or Ted, as they want to add more, and also described their plans to incorporate that.

DR. LONG: I think you covered it. Nothing more to add.

COUNCIL MEMBER LEVIN: Great. Okay. All right. Thank you all very much.

COMMITTEE COUNSEL: Thank you very much, Council member Levin. We will next hear from Council member Menchaca, followed by Council member Rosenthal. Council member Menchaca, you can begin as soon as Chair Levine and then the Sergeant cues you. Thank you.

CHAIRPERSON LEVINE: Thank you, Sara. And, council

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER MENCHACA: Thank you. And Buenos tardes, everyone. Thank you to the Chair and everyone who is making this hearing possible. Dr. Katz and team, I've kind of been listening and I have a couple questions from some of the neighborhood organizations that are also listening at home and really kind of thinking about their role. Mutual aid groups have sprouted all over the city and they're trying to think about how they plug into this in any way. We are anticipating what we saw after Sandy in Red Hook, that mutual aid was strong and then just disappears. And as we anticipate the reopening of the city and the work that needs to happen there and the economy doing what it's going to do, which is implode, there're going to be a real cliffs. How are you thinking about mutual aid groups and the infrastructure that they are building to support the work that you are doing now?

DR. KATZ: I'll let Ted talk about it because I know he has been working with a variety of community groups.

DR. LONG: Yeah. I'll say a couple of words, but, actually, I think the most important thing is we would love to work more together. Again,

we started to do a lot of community engagement over the last week. We are getting clients from community-based organizations to be tracers. We are getting people from our communities to be resource navigators and we are putting together a community advisory Council that is being headed up by Tori and Easterling at the Department of Health. All of those are actually good mechanisms to think about collaboration and we would love to continue to be in that discussion with you.

COUNCIL MEMBER MENCHACA: Awesome. Thank you for that. So, let's follow up on that because I think there are a lot of folks that want to think about that as sustainability questions come up. The second thing is cost around the HHC hotline for telemedicine for people who do not have access to telemedicine already in their insured-- through their insurance. And I'm thinking about immigrants, specifically. What is been the cost of that and is that a sustainable-- is that part of your sustainable model for access to virtual telemedicine?

DR. KATZ: So, Councilmember, I will start and Ted will finish. We have been really happy with the success of it and I think that it really

shows the volume. We were able to keep 90 percent of people from going unnecessarily to the emergency room just by providing them. Then I know in your work and in your neighborhood and community, you are doing a lot of great stuff around this. Ted and I have just begun the discussions. As it stands now, it's not a reimbursable service. We are happy to do it. We do lots of services that are good, but are not reimbursable. I think that-- I'm hoping, through this crisis, healthcare agencies and insurance is moved towards to a capitated system where we could just include that as, you know, providing that service gets a certain capitation and then we, of course, would provide it to everybody regardless of whether they had insurance, but would be partially supported by insurance dollars. Ted?

DR. LONG: The only thing I would add is that we are proud that we fielded nearly 100,000 calls from New Yorkers that have been paired 100 percent of the time with clinicians in our system. It is a free service. Call through 311 or arm number and you get through to a clinician. And we want to continue doing this as long as it is of value to New

York. So it would also love to follow up with you about that.

COUNCIL MEMBER MENCHACA: Awesome. Yeah. And I think, to that point, that is what our infrastructure in red Hook and expanding Sunset Park has been utilizing that line and I know we are in conversations right now about bringing in some more elements. So, I'm excited to hear that that is part of your-- while it's not a reimbursable piece, it's part of this longevity and sustainable component. Then I think the last question is really about Medicaid. And I know some of our hospitals have been telling us a little bit about the support that they need for folks to get enrolled and there are a lot of people who-- I don't know if this was already as before, and I apologize, but what can the city do to really ramp up and remove barriers for folks to sign on to Medicaid so that people can get access to Medicaid?

DR. KATZ: capture. Council member, well, I know our own Metro plus has 20,000 new applicants and I know they are working on, you know, making the whole system not require any visits. So, you don't currently have to visit anyone or sign any

forms in person. I know Health First is doing the same thing. So, I think, maybe, what our joint efforts need to be about is making sure people know who to call in that they are now entitled to these benefits.

SERGEANT AT ARMS: Time's expired.

COUNCIL MEMBER MENCHACA: Thank you.

DR. KATZ: Thank you.

COMMITTEE COUNSEL: Thank you very much, Council member Menchaca. We will next turn to Council member Rosenthal to close out the first round of questions. You can begin--

COUNCIL MEMBER ROSENTHAL: Thank you.

COMMITTEE COUNSEL: after Chair Levine and then the Sergeant cues you. Thank you very much.

CHAIRPERSON LEVINE: Thank you, Sara. And I'm pleased to hear from Council member Rosenthal.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER ROSENTHAL: Thank you so much. My technology is also a little spotty, so apologies if things are goofy. Dr. Katz, I want you to know how much I appreciate the work of your management of H&H system. Obviously, especially

during this pandemic I appreciated the kind words you had for Council member Moya and I know how closely you have worked with the Council members as it has to do with Elmhurst Hospital, but I want to give you a quick second so you have a sense of where I am coming from with the following question. I, obviously, you know, have very limited medical and administrative expertise, but I did study epidemiology for two years. I have a Masters in public health and I spent seven years in the New York City Mayor's office overseeing both the Health and Hospitals Corporation, as well as the Department of Health and Department of Mental Health. At that time there were two separate agencies. Over the three male world to use that I served, I met many health commissioners, as well as HHC presidents and their qualifications and skill sets have always been different. They are two very different agencies. One is responsible for providing medical care in managing an 11 hospital system and the affiliate contracts, etcetera, and the other is responsible for public health. So, while I was not around during the 1918 pandemic, I did work with Dr. Stephen Joseph and Dr. Hamburg when they lead the efforts during that AIDES and then the TB crises and

let me just add that my observation during this hearing is that it is the epidemiologist who appropriately are being deferred to when questions about public health are being asked. And they always have the accurate information regarding public health. So, Dr. Katz, you have a lot on your plate. You are managing a hospital system and, in all likelihood, we are going to see a second wave and, frankly, I found the New York Times article very disturbing when the timing for this crisis was so critical and the epidemiologist in the room, for whatever reason, were not-- those voices were not really heard at the beginning. So, Sir, with all humility, would you consider stepping back from playing a leadership role and what it is a public health emergency? The contact and tracing program is just so critical and the unique qualities that epidemiologists bring to the table, why wouldn't you let their boys be the leading voice when it calms to this process? Thank you.

DR. KATZ: Well, I hope that you have seen in this hearing and I think you have referred to it that I have deferred. I see it very differently than you in terms of organization what I see is that

we are taking great powers that do not work well separately. So, you can have the very best tracing possible, but, if there is no testing, what are you going to trace? And if you are not going to have the pillar of putting people in hotels and providing medical services to keep them, then I think you are also not going to be successful.

COUNCIL MEMBER ROSENTHAL: Sure. Sir, those are all logistical items, right? Hotel management. Maybe that is something H&H has a knack for. I have no idea that you are in the hotel management system. But, you know, the idea of the first part, the testing, are you utilizing all the Department of Health public health stations to do testing? What I would want to see is the person leading this effort as the guiding philosophy of someone who is taken on the job to be the head of the Department of Health who understands her epidemiologist and I really do wish that you would find a way to step back and allow the Department of Health--

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER ROSENTHAL: to take the lead in what is an epidemiological public health

crisis. It is a matter of perception, but also it is a matter of respecting know-how that is epidemiology and public health.

DR. KATZ: Well, again, I think reasonable people can disagree. I was the public health director for 12 years in a city that chose to put the two together. The hospital system and the public health system in San Francisco are together.

COUNCIL MEMBER ROSENTHAL: [inaudible 03:41:09]

DR. KATZ: million people.

COUNCIL MEMBER ROSENTHAL: This city is eight and a half million people. It is not comparable to San Francisco and, you, as much as anyone should know they are very different skill sets. And, again, it’s a matter of what is the guiding philosophy and what we learned in the New York Times article is that the guiding philosophy of the public health Commissioner who was hearing from her epidemiologist is not the loudest voice in the room at a time when we desperately needed her to be the loudest voice in the room.

DR. KATZ: I don’t agree with that.

COUNCIL MEMBER ROSENTHAL: We can agree to disagree, sir.

DR. KATZ: Understood.

COMMITTEE COUNSEL: Thank you very much, Council member Rosenthal. We will now turn back to the Speaker and then Chairs Rivera and Levine for a second round of questions, if they have any. Members are welcome to use the raise hand function in Zoom to sign up for any additional questions for a second round. So, we will now turn back to the Speaker. Thank you.

SPEAKER JOHNSON: Thank you, Sara. So, I wanted to just go to the Dr. Varma for a second just to see, Dr. Varma, if you could give just an overview on how all these uses sort of fit together. If you could kind of, for the public that is watching and, of course, the council members. If you could just talk about how the testing, the contact tracing, the isolation in hotels, and other spaces, coupled with the surveillance that has been talked about and that you are looking into, how does all of this fit together and our overall strategy of being able to keep infections down and to continue to flatten the curve and keep people safe? And then, if you could

just add on into that, you know, what does mandatory squaring mean in that what does social distancing still mean in that, as we start to think about reopening, if you can just sort of tie all of those things together, that would be really helpful.

DR. VARMA: Great. Thank you very much, Chairman Johnson. Or Speaker Johnson. I'm sorry. So, I think it is important to understand a couple of key points here and I will try to summarize as succinctly as I can, even though it is a very complex topic. The first is that respiratory viruses like this come in waves. Now, those waves are not like the weather. We actually have control over them, but we are and an epidemic wave or phase right now that we would consider a widespread transmission. And we do find that in being this stage in which, when people get infected, we, as public health people, don't have a way to track them to an original source of infection. So, we consider a chain of transmission. I infected you, you in fact somebody else, you infect somebody else. When we get to a widespread transmission, we would have no way of really tracking or keeping track of that the number of cases is either increasing or it is plateauing in

some way. We are probably somewhere in the down slope of all of that and then next phase is something that we call low-level transmission. So, the entire reason to implement these maximum social distancing measures was that people describe as flattening the curve, which is delaying and diminishing the peak of that outbreak. Of that epidemic. That epidemic widespread transmission phase so that we can buy time. Some of it helps reduce the number of people infected in the number of dying, but really what it does is it buys us time to build important components. One of those components is the one that Dr. Katz and his team Dr. along have been building, which is raising the bar of healthcare capacities so that, both during the middle of that epidemic and if there are future waves of this infection, that we can respond and make sure that people get the care that they need. But the other critical part is this one that we're talking about right now, which is the ability to test and tracing and isolate and 14 people on a massive scale. Something that the health department already does for thousands of people every year with different diseases, but now have to be done for thousands of people every day. And what back, at

this stage of widespread transmission, is help us accelerate our decline. So we are somewhere probably not decline phase and it can help us accelerate our decline and then, once we get to this stage of low-level trends mission, help us maintain ourselves there. Now, what mission is that we are able to eventually get to the point where we can track people to say of transmission. And what we are going to need with this contact tracing and investigation system, is a way to integrate all our data so that we know that we are chasing and controlling chains of transmission. Ultimately, we want to get to the next phase which is, essentially, no transmission and where the only cases that you see are those that might get imported into New York City. But we also have to be extremely realistic. And no, we live in the city that is connected to every other place, unlike the large megacities or city states in Asia that have controlled this, they were able to lift up their borders. And so, they contained every-- they have a low-level transmission strategy with contact tracing, that it is coupled with all these other border controls. So, the last thing I will say, which I hope will help, you know, cover all of the

topics is, you know, what does this mean for social distancing measures? Well, we should think of social distancing measures not like a flashlight that you turn it off and on, but more like a dimmer switch. Something that turns up and comes down and then you adjusted based on your need. And so, in this situation, I think that we have to accept the fact that, until we have either a vaccine or cure, that we are going to have to have some measure of social distancing measures in place. Now, these could be very low-level. They could be things like area aggressive hand hygiene and respiratory hygiene. Like though wearing face covers and environmental cleaning, but they could also have two deal with us keeping space apart from each other and maximizing the time we spend away from each other. So, these are the types of work that are going on right now. There are a number of sector councils and consultations that are being held with all different parts of this and that is being used to inform all of that is. The answers--

SPEAKER JOHNSON: Yes.

DR. VARMA: be happy to answer others.

SPEAKER JOHNSON: Demetre, Mitch, is there anything that you wanted to add to that?

DR. KATZ: No.

DR. DASKALAKIS: I'm just going to go it back, again, and is all a big package that requires-- I think that Jay's analogy of a dimmer is really great. As I said earlier, like ants not always like an on-off and I feel like it is really going to be about scaling up and scaling down and really responding until, again, we have a vaccine. And then, that is going to be another really significant public health moment when we have to figure out how to get vaccine out, especially with mythology around vaccine already flying around before there even is one.

SPEAKER JOHNSON: Thank you. You know, Mitch, or at all of the facts from the administration, I just want to reemphasize that, you know, I think some of the-- and I've said this, you know, before, but I think some of the concerns that we've seen around how this has been rolled out, I think part of that is dovetailing on and communities that have been especially hard-hit and who understandably, given the huge racial disparities

that we have seen in the number of people that is died, the lack of testing, the problems in rolling out testing effectively, that there are a lot of communities that are rightfully mistrustful and concerned about being left out again. Then, you know, I think it is really incompetent upon all of us, especially the folks who are in charge of this effort, to get this right. To build trust. To build confidence. To ensure that these communities that, right now, have been the hardest hit and, with all of the total mass that has occurred at the federal level, that people are witnessing every single day, and, of course, the mistakes that have been made locally, Mitch, which you acknowledged and talked about before and your testimony, that it is just really incompetent upon a is to roll this out effectively, make sure that it is going to the communities that need it the most to build that trust, to gain that confidence, to show these communities that they are not being left behind. And I just want to hear Mitch or anyone else, your thoughts on that.

DR. KATZ: Speaker, I think you have said it perfectly. I think that that should be what

we now focus on. And I hope that you have seen, in the team of people who have participated in this, which include, you know, to people who have spent their whole lives and Department of health and one person who has been straddled of worlds, that we are committed to this vision as you stated and we are committed to doing a good job and we are committed to making sure that those communities that most leaders services at it.

SPEAKER JOHNSON: Anyone else want to add anything on that?

DR. LONG: No. Well said.

SPEAKER JOHNSON: Okay. I think--

DR. DASKALAKIS: My only comment, again, is that I think one of the most parts of the collaboration with H&H and DOHMH is the sort of very clear endeavor to make this a public service. In, again, though a public health intervention, I think back, even, wherever it is housed, the New York City way for the is to make it a public service. To make sure that provisions are given to people to make sure that we can optimize their health. So, I have faith in that city way and I think boys is really important in that and the voice of all the communities that are

being integrated into this emerging strategy-- those voices are critical. Thank you.

SPEAKER JOHNSON: And, again, question for any of you. Jay, Demetre, match, anyone else who is testifying. It would be helpful because I think there's been just a trove and in no amount of information that is put out. Not talking about the city or from anyone at this committee hearing. Talking about generally. Information related to antibody testing, PCR testing, serology testing. How much immunity does one have? If you have antibodies, can you then go see and hang out with friends? I feel like that there's been so much put out there that it is confusing for the like in many ways. So, we are seeing this information on twitter and Facebook and on one-off articles and I think it is going to be really, really important for us, as we are going through all the things that we talked about in his hearing from the testing, contact tracing, quarantining, the surveillance, the continuing to socially distance, the mandatory mask wearing. All of those things that we are communicating with New York, the hardest place in our country, about what these different test mean. And if you get a positive

test result, what does that mean? You know, if you have antibodies, what is that mean? And some of the answers may be that we don't know yet because the science is too early and we are trying to figure that out. But part of me feels like what is being communicated to the public on a daily basis through press conferences and through guidance and information that goes out from our public health authorities that there should constantly be a reminder on this. Almost on a daily basis. Here is what the facts tell us right now. Here is have enough information on right now here is where we are trying to get more information. And I think that is going to be a crucial thing moving forward so that New Yorkers are not feeling confused. I already see people posting that they have antibodies. They got there antibody test. Well, to people think that means? So, to hear from whoever how you think we should be communicating around this and the best information that you have right now, how would you use that information to guide New Yorkers in decision making their going to make not just in the days right now, but as we attempt to slowly, smartly, and strategically reopen.

DR. KATZ: Well, I will start and other people, I'd be interested in what they have to say. First, again, speaker, I think that is a perfect statement of the problem and the right answers that we should provide as much information as we possibly can as honestly as we can, making it clear that the information changes. A van I will just use that the antibody example that one of the challenges about communicating about antibody testing is that, the antibody tests are not very good. Right? And so, besides the question of what does it mean if you have antibodies, there's the question of today antibody test that you God, was that actually incurred antibody test were not good antibody test. Right? If you--

SPEAKER JOHNSON: Right. Minutes, just on that point, there have been studies and research that has come out that there could be as high as 15 percent false negatives that are showing up in there could be a certain number of false positives. So, some people may think, I don't have the antibodies are trying to have the antibodies and it may not be entirely accurate.

DR. KATZ: True. Then, I mean, what is interesting is that it is not that different than every day health, that is such a monumental issue, right? I mean, most medical tests have a margin of error, but the problem here is that we are dealing with something that is so cataclysmic that it is very hard to explain, you know, why we don't have better test, why we don't have a reagent that we want. I think, if the average person is confused, I really don't think we can blame them. Dimitri, where you going to say something?

DR. DASKALAKIS: Yeah. I was just kind of follow up and say that, I can-- I feel pretty confident that the messaging in New York City has been internally consistent about the lack of knowledge about what antibody testing means. The problem is that the message federally has not been consistent. And so, I think that that is one of the really big challenges that we have so messaging. So, I think, really early on when antibody test was being done, the Department of How released a health alert that made it clear that the test was really better a public health test than a test of one's individual health use. It's hard when other officials, not New

York City, on the federal level start talking about sort of scientific assumptions of immunity when there really are none. So I think that, again, I agree that we need to keep enforcing science and keep reinforcing what we know and what we don't know as a critical piece of guidance to New Yorkers. And I would say it is fair to say that an antibody test is not a replacement for personal protective equipment or for social distancing. And I think that that message, I hope, is a clear New York City one and, if not, we will amplify it even further and we need your help to do that. I hope the science will show more in the future we need our likely done before say, yep, is real and it is durable. But until we know that, I think the best message is serology testing to know if you closed. Good, potentially, for public how to know how many people at the next of, but not to make decisions about your mobility or how you interact with others.

SPEAKER JOHNSON: And I just have a couple more questions and then I'll turn it back over to the Chairs. One of my fears in the weeks and months ahead is that, even if and when we get the system up that this hearing is about today on testing and

tracing and quarantine in surveillance and how all of these pieces fit together, that communication is so unbelievably showing all this-- and what do I mean by that? I mean not, unless New Yorkers feel like we are making significant progress on a regular basis, I'm afraid the people are going to the so psychologically worn down by the last two months and I would even ahead of us that I don't want to see the, I think, really great effort by the vast majority of New Yorkers to social distance, to help us collectively flatten the curve, said to that solidarity together-- I'm afraid that that will start to fray. That it will start to deteriorate in some ways because people feel like we have done this for so long and we're still not understanding or seeing the progress in a meaningful way for us to be able to resume our lives to whatever that new normal looks like once we are coming out of this. And so I just sort of ask, you know, if you all share sort of a similar concern or fear that we done-- New Yorkers, collectively, have done so well thus far collectively looking out for each other doing the solidarity around social distancing and the vast majority of people are wearing masks when you go

outside. So I just want to hear what you all think about how long will New Yorkers be able to kind of deal with this for unless they are being communicated with information about the progress that we are making. And I don't know if Jay wants to take that or Demetre or Mitch, whoever wants to take.

DR. KATZ: I'll start and other people can join. Again, you're right. It is very difficult. And, yes, New Yorkers-- I think most people knowing sort of the nature New Yorkers might've been surprised that New Yorkers agreed to wear face masks and keep six feet apart, but New Yorkers understood why that was important. I think the Mayor and that about giving clear messages about that. I think that the city Council has been great about it. I think having this hearing helps to reinforce the messages, but it is hard and let challenges for us to communicate well and to recognize the psychological challenges in our work. I don't know, Dr. Varma, do you want to add?

DR. VARMA: Yeah. I would just say that, you know, spent most of my career, actually, another country is working on similar problems and to say that this is far and away one of the most vexing

challenges and it is not a problem that New York is going to alone. I would say that we can learn a lot from what is going on and how other countries are adapting and communicating and developing their resilience. And I think we need to learn how to do better. So, we are certainly looking for other examples, but I think we would also, you know, ask all of you to help us figure out the ways in which we can communicate more effectively, is law, at least as far as it relates to data in science, because it is incredibly confusing and we, as public health people, are not always the perfect messengers. You know, we talk in vagueness and abstraction often when people want to hear certainty. So, think that we certainly want to learn from what other places are doing and see their best practices, but also to learn from what all of you have to offer us about what your communities are hearing and how we can communicate better. And I would just say the last point about the resilience is I think we all recognize-- again, and to emphasize the point I made earlier about the sort of maximum stage of social distancing that we are in right now. This was not ever intended to be a strategy that goes on forever. There is no plan in

the public health world for people to hunker down. I think we are even being surprised at how well, you know, people are suffering, but still committing every day working so hard on this. So, it is really coming up on all of us as a group together, not just the people testifying, but everybody is a group, to commit to these other tools to get out of it because that is really the only approach that we have available to us.

SPEAKER JOHNSON: Okay. A couple more questions and then I will pass it off. In an ideal world-- and asked us for a reason, again, not to not look at the reality that we are right now-- but in an ideal world, how many tests-- how many New Yorkers would we be testing per day? Again, not in a fantasy world, but if we could actually get the testing capability, get the number of tests, get the labs to be able to process, set up the community testing centers-- because this, of course, feeds into the whole conversation on contact tracing. What is the number that we should be testing? I've seen numbers that we are hoping they get up to 50,000 people in June at some point, but that is still a fraction of 8.6 million. So, what is that ideal number and how

are we contemplating that on trying to increase that capacity?

DR. KATZ: Dr. Varma, do you want to get the first shot at it?

DR. VARMA: Yeah. I will. And so I'll try to give you a short answer unsatisfying explanation of it. The short answer is that we need as many tests as we possibly can and it's probably somewhere, ideally, someone in the six figures. 100,000 or more.

SPEAKER JOHNSON: A day?

DR. VARMA: Yeah. Per day. Per day. 100,000. And were talking PCR tests, not antibody test. Now, that number is not defined in the reason it is not-- and let me give you a couple of reasons why it is not defined. Number one, if you are in a state of this maximum social distancing right now, most people have very few contacts. You know, from the work that Demetre and his team have been doing, the average person in this current phase right now has about three contacts. Now, when you relax social distancing, that number of contacts grows probably three times that and the average person may have eight to 10. By contacts, close contacts. People

that you are in very close proximity for a long period of time. So, during maximum social distancing, you don't have to test as many people because he won't have as many contacts to test, so the number of tests that you need to perform is more on the order of 50,000 or less. As you relax social distancing and people have more close contacts, you need to increase the number of tests. That is one issue. The second issue is the severity of your epidemic. You know, if you are-- you know, have recently been talking to people in Washington state, you know, and they have, you know, gotten there epidemic under very dramatic control. You know, they can perform somewhere on the order of around 20,000 per day in Seattle King County which is a population only, I think, around, maybe 2 million. So they can perform light speak they can reduce the number of test per person that they need to perform because there is much disease going on. So, when she shift away from an epidemic where you have to focus all of your testing on really sick people, you can sort of, you know, expand your testing because you can use sort of other creative methods.

SPEAKER JOHNSON: So Jay, what--

DR. VARMA: I'll stop there. There's a lot more to it, but that's the big points.

SPEAKER JOHNSON: What's our plan to increase testing capacity?

DR. VARMA: So, I'll say a little bit, but I think Jackie can also do this, as well. I would put this, basically, into three big work streams. One is eking out every last bit that we can from every possible provider that we can. The problem with the supply chain is completely messed up from start to finish from the kids to the personnel to the commercial laboratories, but we are working with them, we're signing contracts, we are finding new labs that might be able to provide capacity. We are putting pressure on the commercial labs by expanding our test criteria, like you heard the mayor. So, that is work stream under one. Eking out as much capacity with the system that we have. Number two is trying to, you know, basically, hack the system and try to look at different workarounds. Then there is a number of jurisdictions-- this comes from my experience in Africa and other places. You can use different swab types. You can use different collection methods. You can use different transport

media, and you can find ways to not just ache out what you can using standard approaches, that sort of hack and repurpose things to get a little bit more. And, with that, we are getting more and more. This third is going to have to be some form of innovation and, you know, we are in constant discussions through the economic development Corporation. James Patchett's team has done an amazing job trying to pull together some of the top academics. And we are having regular discussions about this. Jackie, I don't know if you wanted to add any more?

JACKIE BRAY: Yeah. Absolutely. Okay. I'm not on mute. Absolutely. So, we think about is in three ways. In theory sort of bucket. We have to get kit availability. We have to cat lab availability. We have to get collection capacity availability. I am going to go in the opposite direction. From collection capacity availability, the first thing we did was expand H&H's ability to collect from the community. So, H&H has got 23 community sites set up. We have announced that we are opening to more next week. 10 the following week. We will continue to grow that collection capacity. The other thing we are doing, as Jay said,

is where working with every private provider. We want all the private providers to be able to collect diagnostic tests. That might mean for some FQHC's they might say, listen, I've got brick-and-mortar, I've got that. I don't have enough PPE they don't have enough kit. We are going to help provide them that material. The supplies they need to do it. So, I think, from a collection capacity standpoint, very quickly we will be where we need to be. But then you need the kids. You mean the supplies that help you take the specimen. And so, Jay is right. The supply chain is totally broken. We are working the supply chain. We have supply chain experts who are every day attempting to a source, but we started, as the Mayor has said, producing in New York City, the very first kits that were produced though swab and the VTM and the kit in New York City were delivered and were in use this past week and our ability to do that will continue to ramp up. Einstein College of medicine is producing the VTM. Print Parts is producing the 3-D printed swab and so we will keep driving--

SPEAKER JOHNSON: Got it.

JACKIE BRAY: on that front so that we can produce. And then finally, the lab capacity. And

so, the way we are building lab capacity, we are, literally, buying our own machines, no joke. We are contracting with the big reference labs and then we are going out there and sort of shaking the trees on all the little reference labs to really max out.

SPEAKER JOHNSON: And is this covered by the federal dollars? Everything you're talking about?

JACKIE BRAY: Testing is covered by FEMA dollars.

SPEAKER JOHNSON: Okay. Two very quick things. How many contact tracers do we need total? At the end of the day, what's the total number we need at the end, Mitch?

DR. KATZ: Ted, you've been doing most of the operational numbers.

DR. LONG: Yeah. We need between five and 10,000 and we need to head the 2500 threshold to be the 30 per 100,000--

SPEAKER JOHNSON: [interposing] But that's a big range. Five to 10,000. Is it closer to 10 or is closer to five?

DR. LONG: It's hard to say until we really get up and going. But, it's probably between five and eight.

SPEAKER JOHNSON: Okay. And then just a final thing before I handed off. While I was sitting here, I got two messages, just so y'all know this. I'll just read one of them. Someone sent me a message. Hi, Mr. Speaker. I am emailing you regarding my experience trying to apply to me, contact tracer. I went to the Bararak Group website on Monday and navigated the apply page, but it won't let me upload my resume. I clicked on the upload button. It says uploading and then it says parsing and then it just stays there. I included a sceengrab. I've tried multiple times, every day this week, but it will not complete the process. Even on the tabs that I have left open. I've used different browsers, made sure all ad blocking extensions were off. Tried to upload it in a PDF and a docx format, etc. On Monday, I emailed the company through their website. I still not heard back and it is Friday. I tracked down a phone number for them. There is none given on a website and I called, but I got a recording saying their office was closed. I realize

this is small potatoes stuff is this is just me, for some reason, that can't get through, but if everyone else is having the same issue, it is a bit of a problem, so I thought you should be aware of it. Thanks so much. I hope to get this resolved. I want to help our city get out of this. I've got two emails like this. [inaudible 04:10:45]

DR. KATZ: Can you send them to us? I mean, obviously, for 9000 people at work, but it doesn't mean that there is not a problem at this moment. So, if you want to send me, you know, their contacts, we will get back to them.

SPEAKER JOHNSON: But that is disturbing in some ways if a bunch of people are getting up.

DR. KATZ: Right. I mean, I can't-- 9000 applications got them successfully.

SPEAKER JOHNSON: Okay.

DR. KATZ: But there could be a bug today or a bug whenever this started and we have to track it down.

SPEAKER JOHNSON: You've been trying since Monday and it is Friday.

JACKIE BRAY: Right. So, we well track it down. We will track it down.

SPEAKER JOHNSON: I'm going to turn it over either to Chair Levine or Rivera. Thank you.

DR. LONG: Thank you.

CHAIRPERSON LEVINE: Thinking, Mr. Speaker. And I don't know is Sara, committee counsel, wants to weigh in. I am going to forgo second round questions because I am anxious to get to the public. And I don't know if Chair Rivera wants to say something-- a word right now or perhaps Chair Rivera wants to say something after we have our two Council members speak? Whatever you prefer.

CHAIRPERSON RIVERA: Let's let the council members ask their question. There is only two minutes on the clock, so we appreciate your brevity.

COMMITTEE COUNSEL: Thank you, Chair.

CHAIRPERSON LEVINE: Yes. Sara.

COMMITTEE COUNSEL: Thank you very much, Chairs. For the second round of questions, as Chair Rivera mentioned, we are using the two-minute clock for both questions and answers and we will be hearing from Council member Torres followed by Council member Barron and Levin. As the first round, Council Amber Torres, please wait until Chair Levine

cues you and then Sergeant tells you can begin. Thank you.

CHAIRPERSON LEVINE: Thank you, Sara. And please say here, again, from Council member Torres.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER TORRES: Yeah. Since I have two minutes, I will squeeze in a few questions. I noticed that the countries that have been the most effective at contact tracing rely on digital contact tracing. Is our program going to have a digital dimension given because of the highly infectious nature of SARS-CO-2? The second question, is there a precedent for contact tracing of viruses infection as SARS-CO-2? And three, is our contact tracing going to capture close contacts in the context of public transit crowding? And those are my three questions.

DR. KATZ: Jay, do you want to start? Dr. Varma, are you on mute? We're not going to do it--

DR. VARMA: Oh. They are muted me.

DR. KATZ: Okay. Great.

DR. VARMA: So sorry. They had muted me. Really quickly, I think, for digital tools, I think,

as we mentioned before, we're going to try to incorporate those, but it would be something that is done voluntarily as an add-on to an existing system so that, you know, we can plan for the worst case, which is people who are disconnected, difficult to reach for a number of reasons, some being natural suspicion and reluctance. That is number one. Number two is for precedent for other infectious diseases. Demetre can clarify, but, you know, measles is probably the single most infectious disease known to man. It can flow in the air over long periods and in fact, basically, 100 percent of household or anybody in a room and we had had to do contact tracing for measles, as well.

COUNCIL MEMBER TORRES: And the third question was--

DR. DASKALAKIS: I agree with that comment about measles. I think that the scale of this is a lot different, but I think that, with that said, I think that is why the scale is being billed to be a lot different.

COUNCIL MEMBER TORRES: And is our contact tracing program going to capture close contacts within the context of public transit crowding?

DR. VARMA: Yeah. I'll answer quickly, but I don't know if Ted wanted to add. It's going to be challenging. I mean, right now we have a definition of a close contact that means--

SERGEANT AT ARMS: Time expired.

DR. VARMA: time and certain amount of closeness. Whether we can catch people who are on public transit is going to depend on digital tools and other methods. Ted or Jackie, I don't know if--

DR. LONG: Nothing more to add. You covered it.

COMMITTEE COUNSEL: Thank you very much, Council member Torres. We will next hear from Council member Barron, followed by Council member Levin. Council member Barron, you can begin after Chair Levine and the Sergeant cue you. Thank you.

CHAIRPERSON LEVINE: Thanks, Sara. And will pass it back to you, Council member Barron.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER BARRON: Thank you to the Chairs. What is the validity percentage of the diagnostic test that you are presently using?

DR. KATZ: So, I'll start with the antigen test and then other people can weigh in.

COUNCIL MEMBER BARRON: [inaudible 04:15:22] because I only have two minutes.

DR. KATZ: We will talk fast. So this one test, the problem is that the salon test is its own gold standard. So we don't really know how to measure how many of them are wrong because, typically, you measure against something.

COUNCIL MEMBER BARRON: Okay.

DR. KATZ: There are a group of patients who look like COVID who test negative on the swab and we assume that they have COVID. With the antibody test, it is very variable, depending on the maker of the test.

COUNCIL MEMBER BARRON: Okay. Are you [inaudible 04:15:54] with the state? The state is going door-to-door in my NYCHA development testing people. So, we love some kind of coordination with the state to be able to follow up or are you doing-- or is the state doing their own follow-up independent of yours? And is there any attempt to look at testing people who are in nursing facilities which we know was an epicenter that we overlooked for many, many, many weeks.

DR. KATZ: Yes. So, nursing home testing, buy new rules, will occur for both staff and patients on a weekly basis. Twice weekly for staff. The state efforts are coordinated with us. We are going back and forth, but to the extent of the state has been doing zero prevalence studies where they just draw implied in order to see how common and it is. That has not yet had a tracing component with us or with them.

COUNCIL MEMBER BARRON: So, those residents--

DR. KATZ: So they're getting their results--

COUNCIL MEMBER BARRON: for the testing--

DR. KATZ: They are getting their result, but they are not being--

COUNCIL MEMBER BARRON: [inaudible 04:17:02]

DR. KATZ: tested for active infection. They're being tested to see if they have evidence of having been infected in the past.

COUNCIL MEMBER BARRON: Okay. And could you briefly talk about what--

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER BARRON: is-- I have heard the term and I just want to know what is the definition of herd immunity. Is that something we are trying to get or is that--

DR. KATZ: Herd immunity is when enough people in a population are immune to the disease that it doesn't get transmitted to others because it keeps hating somebody who is immune and can't transmit.

COUNCIL MEMBER BARRON: How soon will we get there?

DR. KATZ: Well, that's a very hard question that I don't think anybody understands. We're not there yet.

COUNCIL MEMBER BARRON: Okay. Thank you. Thank you. Appreciate it.

COMMITTEE COUNSEL: Thank you very much, Council member Barron. Lastly, we will hear from Council member Levin. Council member, you can begin after Chair Levine and the Sergeant cue you. Thank you.

CHAIRPERSON LEVINE: Thank you, Sara. And back to you, Council member Levin.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER LEVIN: Thank you. I just had one other follow-up statement, really, but it could be a question. So, one of the most important things that we need to do, in my opinion, as we are kind of starting up again, is make sure that people know when to get tested and where to get tested and it is really clear to people this is when you get tested. So, like, for instance, back in March, we were telling people, if you are symptomatic, and stay home. Don't go out and get a test. Stay home. We didn't have enough test, so it was just stay home. But that is probably-- That is not what we are going to be telling people. We are going to be telling people, if you are symptomatic or if you think you have been exposed, go get a test. Right? Is that what we are going--

DR. KATZ: Correct.

COUNCIL MEMBER LEVIN: to be telling people?

DR. KATZ: Correct.

COUNCIL MEMBER LEVIN: Okay. And so, we need to make sure that there are enough-- that the testing sites are close enough and that everybody knows where there testing site is. Or where they can

go to get a test. So, is that city M.D. or is that at H&H or if it is that whatever else-- however else you want to set that up, but it really needs to be really clear to people, okay. You get tested when you-- if you have any of these symptoms. You lose your sense of taste or smell. You've got a dry cough for a fever. You've got a sore throat. Go get a test. You need to know where you will get tested. I mean, that has got to get drilled over-- and is really a messaging thing more than anything else. Drilled into people's hands. They need to know when to get tested because you know, we need to be able to then, you know, move off of that to the tracing. So--

DR. KATZ: We totally agree and we are going to do that.

COUNCIL MEMBER LEVIN: Okay. Over and over and over again. Drill into people's hands like over and over and over again. This is where you get tested. This is where you get tested. This is when you get tested. This is why you get tested. Over and over and over again. Right?

JACKIE BRAY: Yes. Yes. Yes.

COUNCIL MEMBER LEVIN: Thank you.

JACKIE BRAY: Then we should say that our testing criteria changed--

SERGEANT AT ARMS: Time expired.

JACKIE BRAY: yesterday.

COUNCIL MEMBER LEVIN: Okay.

JACKIE BRAY: Right? So, our testing criteria changed yesterday and you will see communications on that ramping up over the next several days, but we are now in a posture where, if you are symptomatic, you should go get tested. Not just you can. You should. If you are a close contact of someone that has a positive COVID test, you should go get tested and, if you are staffed at a congregant facility, you should go get tested.

COUNCIL MEMBER LEVIN: cabin that has to go out on every radio station and every TV station like on Facebook, on Instagram, over and over--

JACKIE BRAY: Yes.

COUNCIL MEMBER LEVIN: and over again. Drill and the people--

JACKIE BRAY: Over and over and over again. Yes.

COUNCIL MEMBER LEVIN: Thank you. Okay. Thanks.

SPEAKER JOHNSON: And I would similarly say that the same message needs to go out as we talked about before. Antibody and serology and PCR and what all that means for the average person who is trying to decipher all of this. We need to be talking about that constantly.

DR. KATZ: Agree.

SPEAKER JOHNSON: Chair Levine?

CHAIRPERSON LEVINE: Wow. That wraps up our questions from Council members. Thank you, Mr. Speaker, for all your excellent questions. And I want to think the administration for spending 4+ hours with us on this critical topic and I also want to offer my co-chair Council member Rivera, a chance to say a final word to the administration, as well.

CHAIRPERSON RIVERA: I just want to say to Dr. Katz, all of you, Dr. Long, every single one of you. Thank you for your patience, for being receptive to our comments and questions. You have been here for more than four hours. Thank you. We had every intention of finding out the rationale for this transition to H&H and you answer these questions as honestly and best you can. So, we want to work with our city's leadership in these efforts to try

her best organize, catch up. Hopefully hire even more tracers and I continue to learn lessons from cities across the globe. And we want to work with you so that we can see and comment on a public budget for these efforts and others enter public hospitals and to get the job done quickly and equitably. Dr. Katz, I know you and I have had many long and, sometimes, difficult conversations during this crisis, but you are always willing to listen and respond to officials like myself and I thank you for that and I look forward to working with you on any initiatives that the Mayor ultimately decides to have you work on. So, again, for all of your work and, of course, on your time leaving the San Francisco Department of Health when HIV/AIDES crisis was ravaging that city. Many people did not feel comfortable coming forward to seek medical attention because of the hateful rhetoric they were witnessing. You found a way to build trust with them. I hope we do the same here with our communities that were disproportionately affected. So, thank you so much for joining us today, for sharing your testimony, and responding to our questions. Thank you [inaudible 04:23:02].

DR. KATZ: Thank you. Thank you.

CHAIRPERSON RIVERA: I will now turn it back to our committee counsel to go over some additional procedure items.

COMMITTEE COUNSEL: Thank you very much, Chair Rivera. We will now begin with the public testimony. Before we do, I want to remind everyone that you will be on mute until you are called on to testify. After you are called on, you will be on muted by the host. I also want to remind everyone that, if you mute yourself at any time, you can only be un-muted by the host. I will be calling on panelists to testify. Please listen for your name to be called. I will be periodically announcing who the next panelists will be. I would like to remind everyone that, unlike our typical Council hearings, we will be calling individuals one by one to testify in groups of three. Council members who have questions for a particular panel should use the raise and function in Zoom met and you will be called on after the panel. For panelists, once your name is called, the Sergeant at Arms will give you the go ahead to begin after setting the timer. All public testimony will be limited to three minutes. Please

wait for the Sergeant to announce that you can begin before delivering your testimony. Council members, you will be limited to two minutes for your questions for each panel, including answers. The first panel will include Henry Garrido, Charles King, and Jessica Orozco Gutline. Henry Garrido, you can begin as soon as you are ready after the Sergeant of Arms tells you to begin.

SERGEANT AT ARMS: Starting begins now.

HENRY GARRIDO: Good afternoon, everybody. I hope you can hear me. I want to thank you all for the opportunity today. I want to thank the Speaker and the Chairman Levine and for the great work that they have done over the years. In Chairman Rivera, as well. I will dispense on my written testimony. I will submit that for the record, that I am here on behalf of the workers. And I have to say that I am completely baffled how this has become some sort of referendum between whether it is the right thing to have H&H do this work or whatever it is. The Department of Health Mental Hygiene to do it. What we have forgotten the very same people in the very same heroes that have saved the city in the first place. I have 143 people who have died due to

COVID-19, front-line workers, not only have been doing this for decades, but are doing it right now. And, somehow, this discussion about the Department of Health is forgotten who they are. Right now the Department of Health, when this initial discussion started, took the position that there were going outsource the work to an entity called the Fund for Public capital and then, by extension, you've heard before, I head hunting firm called Barkart [sp?] Who is going to do the recruitment of what it is already an existing today position called public health advisory, represented by my union, by my members. Now, think about this. You are sacrificing your lines. You are working 15 hours a day and working five hours a week, six days a week. You are sleeping in a cot in the Department of Health because he want to provide services for the public and now you're told that you're not good enough for this position unless you go to a private entity to apply for something that is going to pay more. Right? The average public health advisory right now working on this contact traces-- and let me remind folks. We have had hundreds-- we have 284 contact tracers, public health advisors, doing this right now.

Somebody mentioned the epidemiologist. We have already 83 and the total city of New York. We have 83 epidemiologist doing this work and somehow I became okay to outsource this a Bloomberg created entity called the Fund for Public Health, pay them more, and not offer it to our workers who are doing the work. And not keep up functions within the [inaudible 04:27:23] of city service. This is why we support this decision. We support the decision to put Health and Hospital Corporation then charge of this, partly because we've been doing the work. Partly because it's the recognition that there has to be this function within the scope of city government. Think about the issue of confidentiality for the public. Do we want this in the hands of a public entity that is not accountable to the people? Not elected. Do we want to continue to contract out one of the most important functions in our lifetime? I think--

SERGEANT AT ARMS: Time's expired.

HENRY GARRIDO: the answer is [inaudible 04:27:59]. We are in support of the sand we are submitting testimony for the record. Mr. Chair, Madame Chair, and Mr. Speaker. Thank you.

COMMITTEE COUNSEL: Thank you very much. We will next hear from Charles King. Please wait until the Sergeant cues you and tells you you can begin. You may begin.

SERGEANT AT ARMS: Time begins now.

CHARLES KING: Thank you, Chairpersons Levine and Rivera and the members of the Committees on Health and Hospitals for the opportunity to present testimony on the urgent need for a strong, coordinated and professionally led New York City COVID-19 response that includes a widely available testing, contact tracing, and supported isolation to stop forward transmission of this disease. My name is Charles King. I am here representing Housing Works as a member of the COVID-19 working group here in New York City, a coalition of doctors, healthcare professionals, scientists, social workers, community workers, activists, and epidemiologists committed to the rapid and community-oriented response to that make. As said out the May 7th, 2020 COVID-19 working group statement, I attached my written testimony. We are alarmed and dismayed by Mayor de Blasio's catastrophic, ill considered, and frankly, perplexing man last Friday to transfer the critical public

health role of COVID-19 contact tracing from the city Department of Health and Mental Hygiene, a world class Health Department with a century of expertise and experience in contact tracing and infectious disease control to the Health and Hospitals which has a critical role to play in the COVID-19 response with zero experience and no infrastructure to conduct infectious disease contact tracing and monitoring. This attempt to transfer responsibility for core public health function in no way from the Department of Health and Mental Hygiene in the midst of an unprecedented public health crisis will irrevocably hamper the city's response in a manner that mirrors the tragic dysfunction at the federal level where the Centers for Disease Control and Prevention is being similarly shunted aside in an approach focused on optics, rather than results. The Mayor's decision is not only unwise, but also unlawful. On Wednesday, members of the COVID-19 working group join Dean Linda Freed of Columbia Mailman School of Public Health and Dean Cheryl Hilton of the New York University School of Public Health to formally put to New York State Commissioner of Health, Dr. Howard Zucker, on behalf of all New York City residents, to exercise his legal

authority and supervisory responsibility to require the Mayor de Blasio return-- immediately return all authority for COVID-19 surveillance in contact tracing to the Department of Health and Mental Hygiene is the legal public health entity for New York City. The petition attached to my written testimony sets out the state and city legal framework that prohibits the Mayors unwise and unlawful transfer of contact tracing responsibilities from the Department of Health to H&H and outlines just some of the concrete in the reversible injuries the mayor's move would cause to individual New Yorkers, to the public health, and to the essential duties of the Department of Health and health and hospitals.

SERGEANT AT ARMS: Time's expired.

CHARLES KING: I will submit the rest of my testimony in writing, along with the two documents that I referenced.

COMMITTEE COUNSEL: Thank you. We will next hear from Jessica Orozco Gutline. You may begin once the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

BETSY MORALES REID: Hello. Thank you, Speaker and committee Chairs and members for bringing

us together today. My name is actually Betsy Morales Reid that I am the senior director for Health Initiatives for Hispanic Federation. As we know, contact tracing coupled with testing is the most promising approach to identifying new infections and preventing further infection, however, this effort will be a failure is proper outreach, cultural competence, and language access is not guaranteed. Communities of color have been disproportionately affected by this pandemic. Indeed, when the worst of the crisis subsides, we will find that significant numbers of Latino New Yorkers, especially those whose immigration status was unsettled, avoided hospitals out of fear of incurring costs for care or falling victim to the anti-am a grin enforcement actions of the Trump administration. Candid conversations with contact tracers who must be trusted by community members in order to have effective conversations and receive thorough and accurate information are going to be essential. Community members must have confidence that the information that they provide to contact tracers is truly confidential. For this reason, information collected contact tracing must be strictly protected. When you ask a COVID positive

person-- COVID-19 positive person who then have come in contact with, you are asking them to give up there on documented tia who helps them raise their children or their elderly mother who lives with them and may not be listed in their lease agreement. In order to truly gain the trust of the community, and it is imperative that contact tracers come directly from the communities they are working in. I cannot reiterate enough the importance of trust in the community, especially at times like this in the political climate that we live in. Hispanic Federation's network of over 150 Latino CBO's are front-line service providers for neighborhoods and communities and the work that they are doing today and they will continue doing will be essential for us to get through public health crisis. Ours community has historically counted on community-based organizations for information and resources. If we are to effectively address this unprecedented crisis and our neighborhoods in New York City, we must make sure that CBO's are working hand-in-hand with any institution or agency leading this effort. Moreover, a large-scale public education campaign about contact tracing will be crucial to the program's

effectiveness. Community members must have basic knowledge of why contact tracing is important, why they should engage in conversations with contact tracers, and how to identify credible contact tracers. In order to have an effective widespread public education campaign that will reach communities of color, ethnic media partners must be engaged. Particularly in the Latino community, Spanish media is highly trusted and reputable source of information and access is based on its state connection to community. Spanish media must be activated to provide critical information to encourage community members to divulge necessary information to contact tracers, ensuring that public education campaigns are created in cultural and linguistically competent manner will positively impact the success of testing and contact tracing. Through community involvement and prioritizing dissemination of information through culturally and linguistically competent medians, contact tracing will be successful in stopping the spread of COVID-19 and save lives. Thank you for your time. Hispanic Federation is here to serve and is happy to work--

SERGEANT AT ARMS: Time.

BETSY MORALES REID: with the New York City Council and protect all New Yorkers.

COMMITTEE COUNSEL: Thank you very much. Do either of the Chairs have questions for this panel? Okay. Seeing no questions, we will now move on to the next panel which will include Albert Fox Cahn, Halle Yi, and Max Hadler. Just as before, when your name is called, please wait until the Sgt. cues you until you begin your testimony. Albert Fox Cahn, please again after the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

ALBERT FOX CAHN: Good. My name is Albert Fox Cahn and I serve as the executive director for the Surveillance Technology Oversight Project of the Urban Justice Center. I am grateful for the opportunity to testify here today and, in addition to the written testimony that was submitted to the Council in advance of today's hearing, I wanted to address specifically the proposal that was brought up by several Council members that the city invest in electronic contact tracing. There have been a number of highly publicized contact tracing efforts such as Google and Apple's Bluetooth API that we believe are

dangerous, distraction from evidence-based methodologies, and well exacerbated existing health inequalities for communities of color, low income communities, and those communities that have borne the brunt of COVID-19. In a recent white paper the STOP released, we highlighted the ways that these technologies will get it wrong. Though they will lead to false positives, that they will exacerbate gender bias, that they will feed into some of the worst forms of artificial intelligence based discrimination. But, on top of this, these systems will drive many of those communities most at risk of COVID-19 complications in the shadows. Those who have the highest risk of fatalities from COVID-19. Lower income communities, communities of color will often times be the least willing to participate in these apps. It will also be the ones who are least served by these applications because they will require access to relatively recent smart phones. For example, the majority of those over 65 don't have access to a smart phone and, those who do, often times don't have the newer models of smart phones that are needed to accommodate the Bluetooth API format. On top of this, we have to recognize that

New York City has a long history of web advising the data collected on our residents for law enforcement and even, indirectly, for immigration enforcement. despite the promise of being a sanctuary city, much too often, the data we collect as a city, either directly or indirectly, is said to federal agencies, including even ICE. And we simply do not have the protections in place today to assure New Yorkers that, if we are to deploy a Bluetooth tracking API or any other sort of technology assisted contact tracing program, that that data, that invasive data on every part of our lives will be kept safe from law enforcement and other individuals who would misuse it. We strongly recommend that the city focus on manual contact tracing using culturally competent contact tracers drawn from the communities who we are reaching out to. And I think you, again, for the opportunity to testify here today. Thank you.

SERGEANT AT ARMS: Time.

COMMITTEE COUNSEL: Thank you very much. Council member Rosenthal, I see that you have a question, which I assume is for the first panel. Please feel free to go ahead and be specific about who from the panel you are addressing. Thank you.

COUNCIL MEMBER ROSENTHAL: Thank you so much.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER ROSENTHAL: I appreciate your noticing my hand up. Actually, is Henry Garrido still available? You may have already left, at which point-- Oh. There he is. Henry, I'm wondering what your thoughts are on the program-- I understand and heard what you said about the public health foundation and I am wondering what your thoughts are about the program as it is currently laid out.

HENRY GARRIDO: Well, as I said, Councilwoman, thank you. We are in support of having Health and Hospitals--

COUNCIL MEMBER ROSENTHAL: Okay.

HENRY GARRIDO: being in charge of this program. And I think that-- You know, I think it is legitimate to say that we are departing with long-standing history, as he said, of the city, but I do think that this COVID-19 is an unprecedented case that necessitates for us to look at things differently. And I've been making the case that, rather than this philosophical view of the Department of Health or the Health and Hospitals, why don't we

have this discussion whether this data belongs in the hands of government. Whether, in fact, we want to retain that and what the Department of Health proposed was not to retain the data, but actually outsource it to another entity who then outsources it to somebody else.

COUNCIL MEMBER ROSENTHAL: Got it.

HENRY GARRIDO: And I saw some [inaudible 04:40:17]. So, for that reason, support the idea of Health and Hospitals keeping account of folks. And some will say, that's because he represent them. Guess what? I represent them on both departments. Public health advisors are represented on both of the Department of Health and the hospitals. So, to me, it wouldn't have made any difference in terms of gaining or losing membership. Whether you put them in DOHMH or the Health and Hospitals. So, I would been that game. But I do think the idea that some third party entity not accountable to government, not elected, is a problematic proposition that, I think, has not been discussed enough. We saw this outsourcing galore. Right? During the Bloomberg years.

SERGEANT AT ARMS: Time's expired.

HENRY GARRIDO: Right? We've seen it in--

COUNCIL MEMBER ROSENTHAL: Thank you.

HENRY GARRIDO: and I don't think that that is something that should be done.

COUNCIL MEMBER ROSENTHAL: Thank you so much. And thank you for your service and the service of your members. I appreciate it. Thank you, counsel, or recognizing me.

COMMITTEE COUNSEL: Thank you very much. We will now resume with our second panel and hear from Hallie Yee followed by Max Hadler. Hallie Yee, you may begin once the Sergeant cues you.

SERGEANT AT ARMS: Time begins now.

HALLIE YEE: Good afternoon. My name is Hallie Yee and I have policy coordinator at the Coalition for Asian American Children and Families. I want to thank both Chair Levine and Chair Rivera and the members of both committees for holding this hearing. While what I say today has a huge focus on the Asian American community, as that is who our organization specifically serves, we have ensured that our demands align with other communities of color throughout this process because [inaudible

04:42:01] have exacerbated long-standing and interconnected crises and socioeconomically disadvantage communities such as ours. Unfortunate and heartbreaking, it wasn't entirely unexpected. As Asian Americans, our communities are historically overlooked and I need misunderstood or entirely uncounted, meaning way it often lacked resources to provide critical services for those in need in our communities and has never been more apparent that right now. We convened over 40 organizations, most of which are APA lead and serving, all of which are organizations of color, to create these initial calls to action. We demand specific and [inaudible 04:42:44] to disaggregated data on infection rates, hospitalizations, and deaths. And in the APA community and in all communities of color, but specifically within the APA community, there are over 40 ethnicities and we know that about 10 percent of death in New York City have been categorized as other and, from our historical perspective, we know that a lot of Asian Americans are included in that other. Additionally, all manners of testing in our communities, including the testing of essential workers, availability of rapid testing, and

increasing the number of test sites and mobile test centers, especially in underserved neighborhoods needs to be. And that includes making sure that everyone knows the difference between viral and antibody testing. I think it is incredibly unclear, especially as those pieces of information are not included in language resources. Which brings me to my final point. That additional resources in language for low English proficient community, with special attention to low incident APA languages, need to be met. While we have a law on the book that requires up to 10 languages on intake forms, we have seen and heard from so many of our organizations that that is not the case and they are being leaned on heavily, just as they are constantly, to provide those resources and to act as interpreters and translators of [inaudible 04:44:18] because we've asked that the investment must be made in community leaders, community based organizations, and FQHC's for all areas of this crisis, including planning, the tracing curriculum, [inaudible 04:44:39] when it comes to contact tracing. And we hope that you guys understand that and--

SERGEANT AT ARMS: Time.

HALLIE YEE: we look forward to continue working with the city to ensure that our vulnerable New Yorkers have equitable access to the resources and services necessary during this crisis and afterwards.

COMMITTEE COUNSEL: Thank you very much. We will next hear from Max Hadler. As a reminder to Council members, if you have questions for any panel, please use the raise hand function and you'll be called on after the panel has completed and you'll be on a two minute clock. Max Hadler, you can begin after the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

MAX HADLER: Great. Thank you very much. My name is Max Hadler and I am the director of health policy at the New York Immigration Coalition and I want to think that Council for the opportunity to testify today and the cover some points of already been covered and to highlight a few really important points from our more extensive written testimony. As we've heard today, immigrant New Yorkers have been disproportionately affected by COVID-19 in almost every imaginable way. Infection and deaths are higher in immigrant communities. Immigrants

represent more than one half of the city's essential workforce and mixed status families have been excluded from federal relief programs. The same communities have to be at the forefront of the test and trace design as a protection for them, those most affected by the pandemic, as well as for the city's overall health and its social and economic wellbeing. On recruitment and tracing, an effective tracing plan requires linguistically and culturally responsive workforce and some of this can come from training tracers on prominent concerns in immigrant communities like data security and quarantining without job protection or paid leave, but training alone can't create the linguistic and cultural responds and this timeline way are operating under. The city has to hire a team of tracers who come from the communities they will be serving. And one way to do this is to ease the formal and professional experiential requirements that are written into the existing job description into more greatly value the linguistic and community experience of the people who know their neighborhood the best. On governance and structure, for both recruiting and training, the city has a really important existing resource. There is a

huge network of community-based organizations that already have the trusted relationships and knowledge that can help this effort succeed. CBO's have to be partners in test and trace their own efforts-- throughout the entire effort and through existing initiatives like Access Health and NYC, through the Council, which should be restored in its entirety for the upcoming fiscal year. The NYIC is one of the groups that is participating in the aforementioned community advisory board that DOHMH I've been convening. We expect this to be one of the venues for ongoing input, but we do need greater public understanding of the test and trace governance structure and its accountability to the community advisory board as it is currently constituted. The Mayor's incomprehensible decision to strip control of tracing from DOHMH complicates that effort, but, that NYIC, we have a positive working relationship with both DOHMH and with Housing Hospitals and we are prepared to work with whoever is involved, as long as our communities, first and our voices are part of the process. On data security, and really important me all around the message being around data security, this is a very big concern for immigrant communities.

Call scripts need to be clear on confidentiality and that no information related to the status will be collected or stored. Data that are collected should not be linked to any other source that may contain immigration status related information, including any records for existing patients and Health and Hospitals. We also need greater clarity on how Health and Hospitals role as a healthcare provider will not be conflated with the goal of the contact tracing entity. In speaking with community members and how the contact tracing effort will be conducted equitably and coherently for New Yorkers who are Health and Hospital patients and for those who are not. A final point is around the exclusion of hundreds of thousands of immigrant New Yorkers from federal relief programs and this will--

SERGEANT AT ARMS: Time's expired.

MAX HADLER: inevitably informed decisions that people make. And so, and asking people to quarantine and to skip work, we need to understand that immigrant families do not have the same protections as many others. One thing the city can do is to create a publicly funded emergency cash assistance program for people left out a federal

relief package is an Explorer paid leave protections and financial supports for anyone who is told to self-isolate as a result of contact tracing. Essential workers are immigrant New Yorkers. 53 percent of the work force is immigrant New Yorkers. If we don't put these communities first, we will fail as a city in the fight against COVID-19. Thank you.

COMMITTEE COUNSEL: Thank you very much. We will next turn to the Council member Torres who has some questions. As a reminder, Council members will be on a two minute clock and please be clear who you are asking questions to so that the host has time to unmute them. Thank you. Council member Torres, you can being once the Sergeant cues you.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER TORRES: Thank you. Have a question for Henry Garrido. It is still present? Okay.

HENRY GARRIDO: I am. Sorry, Council member. I am.

COUNCIL MEMBER TORRES: So, Henry, do you know if the administration envisions a new contact

tracing workforce as temporary or permanent and what is your position on that?

HENRY GARRIDO: So, the nature of the job is an 18 month job which word envisioned to be done under the temporary hiring under the civil service rules for the state of New York. So, those positions weren't on their and then we will go from there. I think one of the problems that existed and having this outside entity do the hiring and the promotion is that we were, basically, cherry picking from our internal staff already hired. So, if they would've gone and worked for this third-party entity, they would have lost all seniority, all credits or pensions. Everything. Even health insurance would, even though they were going to get paid more. And that's what I meant that it would've been an insult to the people already doing the work because they need their pension. They need the respect of front-line workers to maintain those benefits. So, some of the things that we are exploring now is to have the workers on loan. The sort of take their leave from one department and then go into another, because they have been doing this. Like, as I said, we have over 300 people already doing contact tracers. It's not

new. We've done this since SARS, Ebola, H1N1, the swine flu. We've been doing this forever. We are doing this now. So, like the proposal to have contact tracers to be on the call centers and contact tracers to be on the field, that's what our members are doing right now. So I think that the idea of a temporary assignment is fine. They will have jobs to come back to, we hope. Right? But, at this time, I think that we have already worked out all the kinks in the hiring process.

COUNCIL MEMBER TORRES: Can I quickly squeeze in a question to Albert or--? I guess, Albert, I know you are skeptic about digital contact tracing.

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER TORRES: What is your opinion on voluntary opt-in opt-out contact tracing? Is that something to which it would be amenable?

ALBERT FOX CAHN: Council member, thank you so much for the question. We are quite concerned that, while the technology might require you to check the box that I agreed to the terms and serve as, that a lot of people will be coerced by their employer to take part in it, that they will be coerced by schools

to take part in it as the condition of attending class, that we will see it becoming functionally coerced by all these other entities in our lives. And right now there aren't legal protections to provide people, especially low income employees, from being coerced in this way. And, as we've seen from Singapore, where they only had 12 percent voluntary adoption rate, it was a disaster. They now have the highest rate of infection in Southeast Asia. And so, we are quite concerned that you simply are not going to get enough voluntary participation with any Bluetooth model or any of these technology assisted contact tracing models that would enable them to actually be effective. It would require some sort of coercion to get that level of buy-in.

COMMITTEE COUNSEL: Thank you very much to this panel. We will now hear from our next panel which will include Chris Norwood and Kaushal Challa. Chris Norwood, you may begin once the Sergeant cues you. Thank you very much.

SERGEANT AT ARMS: Time begins now.

CHRIS NORWOOD: Thank you very much, Chairs Levine and Rivera. Council members and panelists. I am Chris Norwood, executive director of

Health People in the South Bronx and I want to talk about communities and community group participation. We would like to thank the city for already launching a community advisory board. That is a major first step, but now we have the next step, which is to assure that communities, above all the stricken communities, are fully integrated in this mammoth effort. And the primary way to do that is contracting key responsibility to those groups that are already there and fully engaged in their communities. After contact tracing takes place, there is, of course, intensive follow-up and support, which will have to occur for the person contacted and for their families and households. This will be time-consuming, culturally sensitive, and require real range of languages. 1000 contact tracers, even with resource navigators, simply will not have the time. But, more important and, community groups already skilled and dedicated to helping people in distress from a range of cultures and very important for this, a range of age groups, are already there. This community role is very much in keeping with the public health corps that Chair Levine has proposed and outlined and, yet, I haven't really seen anything

in this that shows me that there is now planning to start to look at this real kind of integration of community groups. There is another key aspect of community follow-up that has received little attention. Virtually all COVID infected people in many of their family members have what are called underlying conditions. Actually, they are very evident conditions, particularly diabetes, high blood pressure, heart disease, obesity, and kidney disease. The city has never had a comprehensive chronic disease prevention and control program. To the contrary, it has now, for decades, left black and Hispanic communities, and others, completely gripped by uncontrolled chronic disease with, now with COVID, has overwhelmed them. Even though the city Council ordered the Department of Health to make a plan for the control of diabetes, which is still the most widespread epidemic in this city, we still don't have one. Let us start now to lower the terrible risk in these neighborhoods and, as part of contact tracing follow-up, finally started to have evidence-based chronic disease self-care and preventative education. Here is another outstanding role for community groups and the health corps. If we go through all this only

the leave the same neighborhoods and the same people in the same horrific risk from ignored and unaddressed chronic disease, we might as well just all start crying right now. Thank you.

COMMITTEE COUNSEL: Thank you very much. Will next hear from Kaushal Challa. Please again after the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

KAUSHAL CHALLA: Good afternoon. My name is Kaushal Challa. I'm the CEO of the Charles B. Wong Community Health Center. We have health centers in Manhattan and Queens primarily serving the cities Asian-American community. 80 percent of our patients are at or below the 200 percent federal poverty line. Our health centers have stayed open for the communities through the pandemic and we are caring for patients through in person or virtual channels and are very proud to be part of the response. Testing and tracing will play a really important role in our recovery. I wanted to share perspectives about two drivers of success for the program. First, I wanted to highlight the importance of having testers and contact tracers with appropriate language skills and understanding their diverse communities.

This is pretty critical for building trust with our community and ensuring that there is actionable guidance given to patients. So, for example, for the cities Chinese-American community, appropriate dialect ability must be considered. For our community, for example, about half are Mandarin speakers and a quarter are Cantonese speakers. Second, I wanted to emphasize the need for protocols in place to provide guidance to patients about their results and making sure they understand the guidance. So, for example, if a patient tests negative, is there anything they can do now that they could not do before? We feel providing results without translating them into a plan would limit the utility and purpose of testing. So, thanks for the chance to share those perspectives and thank you to the Council for their support which often fills critical gaps in funding especially for communities of color and undocumented. Thank you.

COMMITTEE COUNSEL: Thank you very much. Seeing no Council member questions for this panel, we will next turn to our next panel, which will include Theo Oshiro and Anthony Feliciano. Theo

Oshiro, you may begin once the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

ARLENE CRUZ: Hi. My name is Arlene Cruz. I'm the health programs manager at Make the Road, New York. I am testifying on behalf of Theo Oshiro, which is Make the Road New York's deputy director. I want to start by just thanking the committee of health and the committee of hospitals for the opportunity to comment today. The communities that we serve are amongst the hardest hit by the crisis. Our large base in central Queens, and the center of the epicenter where Elmhurst Hospital has been in the national spotlight heroically trying, even with diminished resources, to have some of the most impactful community members. We applaud the city for putting science and healthcare at the forefront in order to address these pandemics. Testing and contact tracing must be a part of how we make decisions on reopening our city. We need a responsible public health approach and we must undergo these efforts with impacted community members at the forefront as a solution for the implementation as a city. As the city moves forward with hiring

thousands of contact tracers, it is important that these individuals are from the communities most impacted by the crisis. We need contact tracers in every community, but they must be representative of the community which we are based and culturally linguistically competent. They must be part of entrusted by the community they are-- sorry. They will be charged with tracing and supporting. These individuals who are deeply connected to the community and have a language and interpersonal skills that are needed for these roles may not meet professional or educational requirements, but would serve as excellent contact tracers due to their connection and knowledge of their communities. The city should reflect these needs and values when hiring contact tracers and they should work directly with community-based organizations to find the right people and for advice on using the right strategies to eliminate this disease and the most impacted communities. There is an enormous risk at this moment that, in our haste to contain the pandemic, we will allow or enable terrible breaches in privacy connections. We applaud the city for so far is skewing most tempted, but unreliable technology, enabling tracking

approaches. If technology enabled methods are ever considered as crucial, the city implement clear and enforceable prohibitions against use of the individual or aggregated data for profit or for other purposes other than to protect the public health. Of course, all data collected must be managed to ensure anonymity. The forcible requirements for data destruction is also imperative. Finally, no single misuse of contacting tracing data would more effectively undermine public trust and participation than if that data were to fall into the hands of the NYPD and other law enforcement agencies, including ICE.

SERGEANT AT ARMS: Time expired.

ARLENE CRUZ: Thank you.

COMMITTEE COUNSEL: Thank you very much. We will next hear from Anthony Feliciano. You may begin once the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

ANTHONY FELICIANO: Thank you, Council member Carlina Rivera and Council member Mark Levine and other council members and Speaker Corey Johnson. I am Anthony Feliciano. I am the director of the Commission of the Public Health System. We know the

virus does not discriminate, however, the impact is anything but equal. That's why we identified three major areas of concern that I won't go in full detail, but I hope you leave those details from our coalition work. One is access to testing. The other one is behavioral dimensions to testing, and the other one is what we think is social determinance [sic] of testing. Some of this has been discussed back and forth. But [inaudible 05:02:25] the important elements that we would like the city Council to look for. The launching and hiring and training of tracers from the city. There is a history of both major errors, but also nominally successful efforts of contact tracing and exceedingly difficult situations, from TB to HIV/AIDS to hepatitis. Quick [inaudible 05:02:42] should not be at the expense of in depth training including bias awareness and making sure we have the right people who have the right skills does not always mean people with bachelors or Masters degrees. And, most importantly, people that can demonstrate patience, empathy to listen, and including linguistically and racially and ethnically diverse. Locating patients and contacts who may be difficult to reach or

reluctant to engage in conversations and other areas. Strangers calling individuals, especially immigrants, already fear government and accessing services due to the federal government attacks and public charge. No one should feel they cannot get tested or avoid tracing calls because they fear it will aid to deportation. The other thing is the rising eagerness for automated technology as the key for infection control. In the past, it has served as a vehicle for abuse and disinformation. It could potentially provide a false sense of security to justify reopening our economy. What it be safe to do so? In addition, we have a digital divide in the digital divide. Also, policy of [inaudible 05:03:43] in congruency with those decisions. Quarantine measures have a history in our country to disproportionately harm communities of color and immigrant communities and if we impose that in very too heavy a hand or in too haphazard of a manner, they can be counterproductive. Therefore, there's things that we need to discus. Demand all appointed committees and task forces are lead by those impacted. Contact tracing and isolation are expanded, public health personnel will need to counter stigma and fearfulness

with positive messaging, affirming contribution of public health. Efforts to self-isolate in their home or location of their choosing would be more successful than restricting nonpunitive measures. Local trust, peering engagement, community knowledge and participation being part of the planning and implementation. As enough tests to all [inaudible 05:04:29] must be available, it is critical for public health personnel, community-based organizations, working in leadership in that to [inaudible 05:04:35] the health framework for testing, based on interventions on the systems and contact exposure and not profiling people of particular job types. Test might be available during evening and on weekends. Compliance with city's sick leave policy would need to be enforced and individuals with positive tests must receive documentation from the city rather than [inaudible 05:04:56]--

SERGEANT AT ARMS: Time expired.

ANTHONY FELICIANO: need to self-isolate. The other thing is to address the following types: language access and providing information, including emergency Medicaid or just chronic disease

and disability, how to engage the community based organization, and also anonymity. Protect people from surprise medical bills, and also the day be better [inaudible 05:05:14] so resources can be targeted. Thank you.

COMMITTEE COUNSEL: Thank you very much to this panel. Seeing no Council member questions, we will queue our next panel, which will include Mark Harrington and Guillermo Chacon. Mark Harrington, you can begin after the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

MARK HARRINGTON: Good afternoon. I was Chinese the video. I don't know if you guys can see me, but this is Mark Harrington from the Treatment Action Group in New York and I am also a member of the COVID-19 working group that Charles mentioned before. I would like to thank the Chairs and, particularly, my local council member Rivera for co-chairing this session and our caps occur. I have a few thoughts based on today and I will submit the rest of my written testimony. The first is that we heard a question that wasn't fully answered which is how is Health and Hospitals going to manage the

expected surge which many public health experts from Dr. Fauci on down expect to happen and with new COVID-19 case is with all these new responsibilities with test and isolate and trace? The second is that it was 40 staffers going from DOHMH to H&H. How is DOHMH going to respond to the expected surge in new cases of HIV, tuberculosis, sexually transmitted infection, viral hepatitis, or overdose when they will be crippled because 40 of their 200 staff will be moved over to H&H? Thirdly, it's clear that the city still lacks a clear testing policy or target since we couldn't even get numbers from them that were coherent, consistent, and quantitative about how many tests we need a day for PCR and antibodies. The whole city hall responds has been marked by infighting, poor communication, and denigrating the DOHMH really has delayed the responds and being able to ramp out a coherent test and trace system. We are very concerned about the worst affected communities and how they are going to be poorly affected by an incompetent group of people carrying out contact tracing who are newly hired and may not have enough management oversight by DOHMH. And, finally, we feel that this proposal has the potential to permanently

damage DOHMH and we are very disappointed in City Hall acting like a mini White House Corona task force on the Hudson, ignoring public health, and putting politics saving lives. Thank you for the opportunity to testify.

COMMITTEE COUNSEL: Thank you very much. We will next hear from Guillermo Chacon. You may begin after the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

GUILLERMO CHACON: Thank you. Thank you for the opportunity. Do you hear me? Yes.

COMMITTEE COUNSEL: Yes. We can hear you.

GUILLERMO CHACON: Thank you. Thank you, New York City Speaker Corey Johnson. You know, the chairpersons Rivera and Levine and all the members of the Health and Hospital committee and all the council members that attended this hearing and for this opportunity. The impact of COVID-19 has been overwhelming. We at the Latino Commission on AIDS in the Hispanic Health Network and community partners are extremely concerned, alarmed, and shaken by the impact of COVID in our city and especially among people of color. We want to make sure that everyone

is accurately informed, fear free, safe, healthy, and stigma free. Particularly those most vulnerable, such as older dogs, people with compromised immune systems, and the already social and economically marginalized. As we face COVID-19, inquired of the health status of the Hispanic and Latin X communities. We are 29 percent of the city population, 18 percent of the state, and we are a vital part of the progress in our city. Despite that central role of Hispanics in our economy, we are deeply, deeply concerned of the status of our health of our community. We represent more than 32 percent of the total deaths and the data shows only partially reflects the real impact of COVID-19 on has been and all New Yorkers and, again, I truly believe that we have several barriers. Among others, I would say, homophobia, transform you, xenophobia in our different services and institutions. This combination and healthcare delivery of public health policies and, of course, the poverty and lower socioeconomic status. In all, the incarcerated, the homeless, and the employee instability impacted by their ability to enact social distancing measures is a reality in our community. We strongly believe and

request to address those barriers and we truly believe that we want to partner with all of our institutions to support the de Blasio administration, the leadership of Dr. Barbot, Dr. Katz, and the entire Council to truly, truly take the time to pause and reassign, readapt, reimagine, and tailor a more comprehensive multi-year public health strategy to learn from this horrible global pandemic. Again, we are concerned and, as a part of the coronavirus work group here in New York, we truly believe that the administration needs to pause and assess the decision that they made. But truly also embrace the reality that my brother Garrido mentioned today and also embrace all the communities impacted. And I thank you.

SERGEANT AT ARMS: Time expired.

COMMITTEE COUNSEL: Thank you very much to that panel. Our next and final panel will include Kelly Grace Price and Kim Watkins. If we inadvertently missed you and you intended to testify, please use the raise hand function on Zoom and we will be sure to add you afterwards. In the meantime, Kelly Grace Price, you can begin after the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now, miss.

KELLY GRACE PRICE: Hi. Thank you so much. I am Kelly Grace price. I work at Close Rosie's. For many years, before my false arrest, unlawful detention, uses prosecutions, worked in top-tier international technology and business firms as a technology architect and as a project manager for complex financial and media systems. I worked for a corporation privately owned by Bill Gates who sent me around the world to Hong Kong in Kuala Lumpur to open office is an architect his business systems. I worked for banks like J.P. Morgan Chase to move their entire infrastructure from New York to Delaware right before 9/11. I appeared today to submit comment on the broad outline of the contact tracing program as it has been presented today. I have been advocating for accountability and oversight by the NYPD and city days for the better part of the decade since my false arrests and I don't say that this program brings us anywhere close certain transparency in these systems, despite my advocacy efforts there for over a decade. These systems are still oppressing us and I fear the same potential ebbing within our civil rights currently tucked into the H&H programs to build a

COVID tracing entity. Please warn me when I only have one minute left. I want to talk about four point several trying get through them quickly. I want to talk about oversight of the technology. I heard Jessica Tisch's name offered by H&H over and over and over this morning. Why isn't she here to answer these questions? It seems like the buck stops with her. We know her. We know her family's ties to famous Wall Street and technology firms to K2 intelligence to Palantir to the Knowles family. All of these shadowing and marking institutions still elevated full transparency and oversight by the city Council into the systems that oppress us, such as Palantir and COBOL. And that brings me to Salesforce. Who made the choice to use Salesforce as the technology--

SERGEANT AT ARMS: One minute left.

KELLY GRACE PRICE: that will be the primary platform? One minute? Thank you. Quickly Salesforce, the data is in the cloud. Is that really the security that we need? Will the SA's at Salesforce have the same access to this technology as the SA's Palantir has? Salesforce has a major political pack. It gives to New York City

politicians that happen to have leadership positions in districts where H&H hospitals are. Has anybody investigated the financial ties between Mark Benioff and H&H? Quickly, I agree with Inez Barron. The data will be subpoenable [sic]. I'm really worried about this, from a formerly incarcerated woman's perspective because the lions share of women going into Rosie's right now aren't going in on technical parole violations. So, they are not going to share their contacts if they have associated with another known felon because that would be a technical parole violation and they will go back and. So, oversight is key. We didn't get a correct answer from H&H as to whether or not this data will be subpoenable. I'm really worried about this. Also, everyone I know buys weed. No one is going to give you their weed dealer's contacts. Most of us don't even have their contacts. We just go to the corner. Quickly, who are the people being hired to beat the disease detectives? I've heard that they are all auxiliary NYPD and that those people are getting priority to be hired just like Vets get priority to be hired at the post office. Thank you. I submitted my written testimony. Please considered it. It is well written

and is better presented than my oral testimony. Thank you so much.

COMMITTEE COUNSEL: Thank you very much. We well next hear from Kim Watkins. You may be can once the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Time begins now.

KIM WATKINS: Thank you so much. Hello everyone. My name is Kim Watkins. I really appreciate the opportunity to speak today. I am a public school mall from Harlem. I am an elected parent leader in District 3 and am a member of Parents Supporting Parents, an advocacy group, and I am-- my remarks today regard school nurses. I have prepared my remarks in conjunction with some amazing school nurses that have worked with me on some of the points today. I want to start by saying, as we-- I want to echo some of the other speakers in terms of their remarks about what the purpose of this sort of tit-for-tat between DOH and H&H sort of boils down to in terms of the things that are happening on the ground with school nurses. We have a piece of the puzzle that we are missing when it comes to the way that the school operation functions with regard to school nurses. It's an issue that has been festering

for years and it has to do with the fact that, about a third of our school nursing staff is hired out as private contract nurses. Those private contract nurses are nurses that do not have access to the ASHERS system, the Automated Student Health Record System, which is a key part of the way that we are informing the city's syndromic surveillance, which works in conjunction with contact tracing to inform and synthesize action plans for our city. So, as last week the panel for educational policy just approved two new contracts to hire more private agency nurses, what we are faced with is the idea that we're going to reopen schools in the fall with the whole of about 700 nurses working for our school system. We have to solve this problem and bring pay parity in the discussions around how we employ nurses full time if we want to activate incomplete that or lock in that communication gap that has been going on for a long period of time. I also want to just point out that no nurses are on the task force, the Mayor's task force to reopen schools. That is something that I hope this committee-- these two committees-- can be sort of pressuring the mayor to reconsider. It would be really important for all of us to appreciate

the wisdom that would come from that group. And, lastly, I want to point out that, as we think about the three pillars that Dr. Katz mentioned earlier as part of our overall communications plan in our contact tracing and testing plan, schools have to have reliable testing protocols and space for isolation, something that they have neither of, right now. New York State Nurses Association put out an advisory just this week on more complete considerations and I will include that link in my written testimony update when I submitted a little bit later today. Thank you so very much and have a great day everybody.

COMMITTEE COUNSEL: Thank you very much. Again, if we have inadvertently missed anyone that would like to testify, please use the Zoom raise hand functionality we will be sure to call you. Saying no other sign up to testify, I will turn back to Chair Rivera and then Chair Levine to close out the hearing and for closing statements. Thank you. Chair Rivera, you can begin first.

CHAIRPERSON RIVERA: Thank you so much, everyone, for staying with us for 5 1/2 hours to hear from the health experts of our city, to hear from

advocates, concerned citizens, and of course, all of my elected colleagues that were here today to ask honest and open questions. This is an unprecedented challenge during one of the most tragic moments in our history and we tried our best to bring the reasoning in decision-making behind this decision in this transition to the people of New York City. I think what we want more than anything is to get the job done. Is to make sure that we are doing it equitably and that we are taking care of some of our hardest hit communities as soon as possible. We support every effort to get us through this. There is a long way in front of us and we are up to the challenge. So, I just want to thank everyone for being here, for their patients, waiting, for testifying, for being open to communicating with us going forward, to try to ramp up this initiative and make sure that we get through it together and in solidarity. Thank you so much, everyone. Chair Levine?

CHAIRPERSON LEVINE: Well, thank you Chair Rivera for your great work throughout this hearing and for your remarks. I want to know how remarkable it is that we still have Dr. Katz with us and, I

think, Dr. Varma, as well. That is not normal protocol, but it does mean a lot you have stayed the year members of the public, every one of whom have something important to add. And I want to thank the significant number of our colleagues who contributed to this hearing and are still with us. I see we still have Council members Ampry-Samuel, Yeger, Barron, and Holden still with us. Thank you for your comments earlier and for staying with us. It is so critical that the public of understanding and trust and contact tracing. That requires total transparency and, I think, what we did today has advanced that cause by surfacing many important details of the program and by identifying questions that still need to be answered, but this was an important step forward. So, I am proud of the work we did here today. I want to thank everyone who contributed and now I get to gavel out.

[gavel]

CHAIRPERSON LEVINE: And that concludes our hearing. Thanks, everyone. Be safe.

CHAIRPERSON RIVERA: Staff, thank you so much.

CHAIRPERSON LEVINE: Thank you.

CHAIRPERSON RIVERA: Take care everyone.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date May 25, 2020